MAXIMUS Federal Services

Case Number:	CM15-0021049		
Date Assigned:	02/10/2015	Date of Injury:	08/13/2003
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male, who sustained an industrial injury on 8/13/03. He has reported pain in the low back, hips, and knees. The diagnoses have included lumbar sprain, meniscus tear and sprain of the cruciate ligament. Treatment to date has included MRI of the lumbar spine, TENs unit and oral medications. As of the PR2 dated 12/31/14, the injured worker reports constant 7/10 low back pain and 6/10 pain in the left knee. The treating physician noted that the injured worker is going to be seen by orthopedic doctor. The treating physician requested Voltaren 1% #100. On 1/8/15 Utilization Review non-certified a request for Voltaren 1% #100. The utilization review physician cited the MTUS guidelines for topical NSAIDs. On 2/2/15, the injured worker submitted an application for IMR for review of Voltaren 1% #100.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Voltaren 1% #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, although he experienced knee pain, which might be appropriate to treat with topical NSAIDs such as the Voltaren requested, however, it was not clear in the documentation whether or not the Voltaren was also intended for the worker's low back or hip pain (which is not indicated for this type of medication). Also, there was no explanation as to why the worker required both oral and topical NSAIDs, which appears redundant. Therefore, the Voltaren 1% #100 will be considered medically unnecessary.