

Case Number:	CM15-0210483		
Date Assigned:	10/29/2015	Date of Injury:	11/21/2005
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/26/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 was a 54 year old female, who sustained an industrial injury, November 21, 2005. The injured worker was undergoing treatment for postoperative L5-S1 posterior fusion on January 19, 2006; lumbar disc disease and left lumbar radiculopathy. According to progress note of September 21, 2015, the injured worker's chief complaint was chronic low back pain persisted, the injured worker took no medications for pain. The injured worker failed Topiramate due to drowsiness. Recently low back pain flares with stiffness and limited range of motion, no left symptoms at this visit. The objective findings were decreased range of motion with flexion of 50% left lateral rotation of 75% and right lateral rotation of 50%. The sensory exam did not reveal any sensory deficits. The injured worker previously received the following treatments home exercise program and Topiramate. The RFA (request for authorization) dated the following treatments were requested a prescription for Voltaren Gel 1 percent 4grams topically 200grams with 3 refills. The UR (utilization review board) denied certification on October 25, 2015; for a prescription for Voltaren Gel 1 percent 4grams topically 200grams with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 4g topically 200g QTY: 1 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing a flare of lower back pain with stiffness. The recorded pain assessments included few of the criteria recommended by the Guidelines, and the treatment recommendation recorded recent to the request suggested the medication was to be used for the lower back pain. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for a large amount of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for 200g of Voltaren (diclofenac) 1% topical gel with three refills is not medically necessary.