

Case Number:	CM15-0211908		
Date Assigned:	10/30/2015	Date of Injury:	06/07/2004
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/27/2015

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: Arizona, California

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 47 year old male, who sustained an industrial injury on June 7, 2004, incurring low back and bilateral knee injuries. He was diagnosed with bilateral knee degenerative disc disease, and lumbosacral degenerative disc disease with herniations. Treatment included pain medications, exercising, epidural steroid injection with pain relief, topical analgesic gel, ice and rest, frequent urine drug screens and activity restrictions and modifications. Currently, the injured worker complained of persistent left knee pain after three Supartz injections. His pain was reduced from 8 out of 10 to 4 out of 10 on a pain scale from 0 to 10. Continued treatment used was ice, heat and topical analgesic gel for pain relief. He also continued with lower back pain and stiffness. The treatment plan that was requested for authorization included a prescription for Voltaren gel and a request for one urine drug screen. On October 13, 2015, a request for a prescription of Voltaren gel and one urine drug screen was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for over a year along with other topical gels and oral opioids. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The continued use of Voltaren gel is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, screening for risk of addiction (tests).

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or non-compliance. There were no prior urine drug screen results that indicated non-compliance, substance abuse or other inappropriate activity. Based on the above references and clinical history a urine toxicology screen is not medically necessary.