

Case Number:	CM15-0214662		
Date Assigned:	11/04/2015	Date of Injury:	10/06/1992
Decision Date:	12/21/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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: California

Certification(s)/Specialty: Emergency 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 is a 64 year old female who sustained an industrial injury on 10-06-1992. A review of the medical records indicated that the injured worker is undergoing treatment for cervical degenerative disc disease, cervical radiculitis, lumbar radiculopathy and bilateral knee pain. The injured worker is status post lumbar fusion and cervical spine fusion (no dates documented) and total knee arthroplasty (no date documented). According to the treating physician's progress report on 09-14-2015, the injured worker continues to experience radiating neck pain, low back pain radiating to the bilateral lower extremities to the toes associated with weakness and tingling and bilaterally knee pain. The injured worker reported her pain levels as 8-9 out of 10 with medications and 10 out of 10 on the pain scale without medications. Relief occurs within 10 minutes lasting approximately 2 hours with 20% improvement with the medication regimen. The injured worker does report occasional gastrointestinal (GI) upset due to medications. Observation revealed a slow, antalgic gait using a walker for ambulation. Examination of the cervical spine demonstrated tenderness at C4-7 with moderately limited range of motion due to pain. The lumbar spine examination demonstrated tenderness to palpation in the bilateral paravertebral area of L3-S1 with spasm noted at L3-L5 in the left paraspinal musculature. Range of motion was moderately restricted due to pain. Sensation was diminished to touch along the L5-S1 dermatome in the right lower extremity. Motor examination showed decreased strength of the extensor muscles along the L5-S1 dermatomes bilaterally in the lower extremities. Seated straight leg raise was positive on the right for radicular pain at 70 degrees. The bilateral knees were tender with range of motion of the right knee decreased due to pain. The

injured worker received a Toradol and B12 injections at the office visit on 09-14-2015. Prior treatments have included diagnostic testing, surgery, caudal epidural steroid infusion, lumbar epidural steroid injection, Toradol and B12 intramuscular injections, emergency room visits, detox program and medications. Current medications were listed as Suboxone, Gabapentin, Zofran, Ambien and Voltaren gel. Treatment plan consists of psychiatric clearance for intrathecal pump trial and the current request for Voltaren gel 1%, #3. On 10-24-2015 the Utilization Review determined the request for Voltaren gel 1%, #3 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #3 (3x a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly spine related therefore is not medically necessary.