

Case Number:	CM15-0032651		
Date Assigned:	02/26/2015	Date of Injury:	01/10/2012
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/22/2015

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: Physical Medicine & Rehabilitation

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 38 year old male, who sustained a work/ industrial injury on 1/10/12. He has reported symptoms of flare up of low back pain rated 5/10. Prior medical history was not documented. The diagnoses have included lumbar disc disease and left lumbar radiculopathy. Treatments to date included steroid injection, acupuncture, physical therapy, and medication. The treating physician's report indicated the lumbar range of motion measured flexion at 90 degrees and extension at 50 degrees with pain and stiffness in the back along with pain in the thigh and left foot. A request was made for a topical gel and patch for pain management. On 2/17/15, Utilization Review non-certified a Voltaren gel 1% 200mg x 3; Flector 1.3% patches QTY 60 x3, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 200mg x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Per the 02/09/15 progress report the patient presents with a flare up of lower back pain with associated numbness and tingling of the left foot to the toes. The patient's listed diagnoses are: Lumbar Disc Disease and Left Lumbar Radiculopathy. The current request is for VOLTAREN GEL 1% 200 mg X 3 per the 02/09/15 RFA. The patient is Temporarily Totally Disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The reports provided do not discuss the intended use of this medication. Per the MTUS guidelines the medication is indicated for peripheral joint arthritis/tendinitis and no clinical evidence has been provided of this condition for this patient. Therefore, the request IS NOT medically necessary.

Flector 1.3% patches QTY 60 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Per the 02/09/15 progress report the patient presents with a flare up of lower back pain with associated numbness and tingling of the left foot to the toes. The patient's listed diagnoses are: Lumbar Disc Disease and Left Lumbar Radiculopathy. The current request is for FLECTOR 1.3% PATCHES QTY. 60 X 3 per the 02/09/15 RFA. The patient is Temporarily Totally Disabled. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The 02/09/15 Rx slip states this medication is for the Low Back; however, per the MTUS guidelines this medication is indicated for peripheral joint arthritis/tendinitis. The reports provided for review show no evidence of this condition for the patient. Therefore, the request IS NOT medically necessary.