

Case Number:	CM15-0033025		
Date Assigned:	02/26/2015	Date of Injury:	02/11/2008
Decision Date:	04/09/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 33 year old male with an industrial injury dated February 11, 2008. The injured worker diagnoses include bilateral sacroiliac joint pain, status post bilateral sacroiliac joint radiofrequency nerve ablation, bilateral L3-L4 lumbar facets joint pain, lumbar facet joint arthropathy, status post L3-L4 artificial disc replacement and L4 fusion, lumbar sprain/strain, and depression secondary to chronic industrial low back pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/13/2015, the treating physician noted a reevaluation for bilateral low back pain. Documentation noted that the injured worker was currently using non - narcotics to control his pain. The injured worker reported aggravated axial and low back pain. Physical exam revealed restrictions of the lumbar and sacroiliac ranges of motion due to pain. There was tenderness to palpitation of the lumbar paraspinal muscles overlying the bilateral L3-L4 facet joints. The treating physician prescribed Voltaren gel (diclofenac sodium topical gel) 1%, 4 times a day, 1 month's supply with two refills. Utilization Review determination on January 27, 2015 denied the request for Voltaren gel (diclofenac sodium topical gel) 1%, 4 times a day, 1 month's supply with two refills, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel (diclofenac sodium topical gel) 1%, 4 times a day, 1 month's supply with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (including Non-steroidal antiinflammatory drugs); Topical Analgesics Page(s): 1-127; 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NONSELECTIVE NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. There is no evidence of osteoarthritis. In addition, the patient is taking Motrin, which provides 80% relief and the need for a second NSAID is not justified. Therefore request for Voltaren gel 1% is not medically necessary.