

Case Number:	CM15-0034247		
Date Assigned:	03/02/2015	Date of Injury:	10/06/1994
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/24/2015

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 68 year old female, who sustained an industrial injury on October 6, 1994. She has reported pain of the low back and lower extremity. Her diagnoses include post lumbar laminectomy, lumbar and thoracic spondylosis, lumbar or thoracic radiculopathy, and myofascial pain syndrome. She has been treated with physical therapy, chiropractic care, acupuncture, lumbar epidural steroid injections, thoracic medial branch block, and non-steroidal anti-inflammatory medication patches. On January 9, 2015, her treating physician reports pain of the left shoulder, left hip, left lower leg, and upper back. There is numbness of the lower left lateral leg and plantar aspect of the left foot. The physical exam was unremarkable. The treatment plan includes topical non-steroidal anti-inflammatory gel. On January 23, 2015 Utilization Review non-certified a prescription for Voltaren Gel #3, noting the lack of documentation of failure of first-line therapy, and this medication is not recommended for use on the spine. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain was cited.

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 Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic, Anti-inflammatory medications Page(s): 111-113, 22. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac.

Decision rationale: The patient presents with shoulder, leg, and low back pain rated 6/10. The patient's date of injury is 10/06/94. Patient is status post posterior lumbar fusion at L4-L5 levels in 1996, left medial branch block at T4-6 levels on 12/09/14, and lumbar ESI at levels and date unspecified. The request is for VOLTAREN GEL. The RFA was not provided. Progress note dated 01/09/15 does not include any pertinent physical findings, only a review of systems and medications. The patient is currently prescribed Avalide, Toprol, Protonix, Synthroid, Norco, and Xanax. Diagnostic imaging was not provided. Patient's current employment status is not provided. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. In regard to what appears to be the initiating prescription of Voltaren for this patient's lower back pain, this medication is not supported for this patient's chief complaint. The treater documents low back, shoulder, and unspecified leg pain, but does not specify where the Voltaren is to be applied. Guidelines also do not support the use of topical NSAIDs such as Voltaren for axial or spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Without a clearer indication as to where this medication is to be applied, or a clearer picture of this patient's peripheral complaints, use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.