

Case Number:	CM15-0037899		
Date Assigned:	03/06/2015	Date of Injury:	02/21/2009
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/27/2015

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: 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:

This 39 year old male sustained an industrial injury on 2/21/09, with cervical spine fractures and head injury. The injured worker complained of ongoing headaches. In a PR-2 dated 1/30/15, the injured worker complained of ongoing headaches and progressively worsening cervical spine pain and low back pain. Physical exam was remarkable for tenderness to palpation to the cervico-occipital muscles and cervical paravertebral muscles with restricted range of motion to the cervical spine, tenderness to palpation to the lumbar spine with pain upon range of motion. The injured worker was working full duty. The treatment plan included 8 sessions of physical therapy for the cervical spine and lumbar spine, 8 sessions of massage therapy, ergonomic evaluation for proper duty vest fit, lumbar spine x-rays and medications (Ibuprofen, Omeprazole, Voltaren Gel and Zomig).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel # tubes, quantity 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-113.

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

Decision rationale: Based on the 01/30/15 progress report provided by treating physician, the patient presents with neck and low back pain. The patient is status post C2 fracture and has ongoing headaches. The request is for VOLTAREN GEL #TUBES, QUANTITY 15. Patient's diagnosis per Request for Authorization form dated 01/30/15 includes cervical, thoracic and lumbar sprain, and concussion. Patient's medications include Ibuprofen, Zomig, Omeprazole and Voltaren gel. Patient continues to work full duty, per treater report dated 11/24/14. 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." Per progress report dated 01/30/15, treater states "Voltaren gel 2 inches twice a day to painful area of neck and back. It has been helpful and reduced his Ibuprofen level and presumably less kidney damage and bleeding risk." However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID topical would be indicated. NSAID gel is not indicated for neck and back conditions. Furthermore, this NSAID topical cream has diminishing effects lasting less than 4 weeks, and the request for quantity 15 would be excessive, even if patient presented with appropriate indications. The request is not in accordance with guidelines. Therefore, Voltaren gel IS NOT medically necessary.

Massage Therapy, quantity 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: Based on the 01/30/15 progress report provided by treating physician, the patient presents with neck and low back pain. The patient is status post C2 fracture and has ongoing headaches. The request is for MASSAGE THERAPY, QUANTITY 8. Patient's diagnosis per Request for Authorization form dated 01/30/15 includes cervical, thoracic and lumbar sprain, and concussion. Patient's medications include Ibuprofen, Zomig, Omeprazole and Voltaren gel. Patient continues to work full duty, per treater report dated 11/24/14. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per progress report dated 01/30/15, treater states "massage therapy, 8 sessions, 1 a week, may be spread over 12 weeks to decrease upper back and neck pain... it has been helpful in the past. Acupuncture has not helped." Given patient's diagnosis, a short course of massage therapy would be indicated by guidelines. However, treater has not provided a precise treatment history.

Furthermore, the request for 8 sessions of massage therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.