

Case Number:	CM15-0037902		
Date Assigned:	03/06/2015	Date of Injury:	05/28/2013
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
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 is a female injured worker who sustained an industrial injury on May 28, 2013. The mechanism of injury is unknown. The diagnoses have included lumbar disc displacement and chronic pain. Treatment to date has included medications and physical therapy. On February 12, 2015, the injured worker complained of lower back pain with radiation to the right hip along with deep cramping. The pain was rated as an 8 on a 1-10 pain scale. The injured worker was limping at the time of evaluation. Cold weather increased the lower back pain. Her tramadol and refren medication were helping the pain temporarily. Lumbar spine range of motion was 50%. On February 4, 2015, Utilization Review non-certified Voltaren 1% 200 grams with 3 refills and Flector 1% 120 patches with 3 refills, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of Voltaren 1% 200 grams with 3 refills and Flector 1% 120 patches with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 Percent 200 Grams with 3 Refills: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to right hip rated at 8/10. The request is for VOLTAREN 1 PERCENT 200 GRAMS WITH 3 REFILLS. The request for authorization is not provided. Patient is status-post non-industrial hernia repair operation 01/07/15. Lumbar spine range of motion is 50%. Patient will hold 6 visits of physical therapy for the low back until released by surgeon. Patient's medications include Dilaudid, Tramadol, Relafen, Volataren gel and Flector patches. The patient is not working. 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." Treater does not provide reason for the request. Per progress report dated, 01/15/15, it appears the request for Voltaren is for an initial trial. However, there is no discussion regarding the location that is to be treated. Additionally, the treater does not document or discuss why the patient cannot take this or similar medication on an oral basis. Furthermore, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.

Flector 1 Percent 120 Patches with 3 Refills: Upheld

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

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

Decision rationale: The patient presents with low back pain radiating to right hip rated at 8/10. The request is for FLECTOR 1 PERCENT 120 PATCHES WITH 3 REFILLS. The request for authorization is not provided. Patient is status-post non-industrial hernia repair operation 01/07/15. Lumbar spine range of motion is 50%. Patient will hold 6 visits of physical therapy for the low back until released by surgeon. Patient's medications include Dilaudid, Tramadol, Relafen, Volataren gel and Flector patches. The patient is not working. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Treater does not provide reason for the request. Per progress report dated, 01/15/15, it appears the request for Voltaren is for an initial trial. However, there is no discussion regarding the location that is to be treated. Additionally, the treater does not document or discuss why the patient cannot take this or similar medication on an oral basis. Furthermore, the patient does not

present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request IS NOT medically necessary.