MAXIMUS Federal Services

Case Number:	CM15-0038532		
Date Assigned:	03/09/2015	Date of Injury:	12/02/2000
Decision Date:	04/10/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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, Arizona
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 67-year-old male who reported an injury on 12/02/2000 due to an unspecified mechanism of injury. On 01/29/2015, he presented for a follow-up evaluation regarding his work related injury. He stated that he had moderate pain, chronic in nature. He stated that his symptoms were fairly controlled with the use of his medications and had no complaints of side effects. He reported greater than a 50% relief with his medications and stated that with the medications he was able to perform his activities of daily living. A physical examination of the cervical spine showed tenderness with range of motion that was noted with mild pain. The right and left sacroiliac joints were noted to be painful and he had a positive faber test on the right and left. There was also tenderness to the SI joint, sacral, and sacrococcygeal. Range of motion of the lumbar spine was noted to be restricted mildly and was associated with mild pain. Neurological examination was noted to be intact. Strength was noted to have weakness in the left dorsiflexion. He was diagnosed with chronic low back pain. The treatment plan was for Voltaren gel 1% 100gms #3. The rationale for treatment was to alleviate the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 100gms #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation provided fails to show that the injured worker has tried and failed recommended oral medications to support the requested topical analgesic. Also, it is stated that topical NSAIDs are recommended primarily for osteoarthritis and tendonitis, for joints that lend themselves to therapy, and have not been evaluated for their use in the spine. The documentation does not show that the injured worker has osteoarthritis or tendonitis, and does not specify the body part that Voltaren gel would be used for. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.