

<b>Case Number:</b>	CM15-0041576		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old male sustained an industrial injury to the low back on 8/11/09. Previous treatment included magnetic resonance imaging, medications, home exercise, lumbar brace and epidural steroid injections. In a PR-2 dated 1/23/15, the injured worker complained of pain 5/10 on the visual analog scale to the low back without medications. The injured worker received an epidural steroid injection on 12/17/14 with moderate relief and substantial increase in activity. However, as of 1/23/15, the pain had returned. Physical exam was remarkable for restricted range of motion to the lumbar spine with tenderness to palpation and muscle spasms. The patient has had antalgic gait, positive lumbar facet loading test and decreased strength, sensation and reflexes in the right LE. Current diagnoses included low back pain and lumbar spine degenerative disc disease. The treatment plan included continuing use of soft lumbar brace, medications (Nucynta, Lidoderm patches, Voltaren Gel, Lorzone and Neurontin), six sessions of physical therapy for the lumbar spine, six sessions of pain coping skills. The medication list include Nucynta, Lidoderm patches, Voltaren Gel, Lorzone and Neurontin. He has had a urine drug toxicology report on 1/14/10 and on 9/22/11 that was positive for THC. He has had MRI of the lumbar spine on 03/3/2010 that revealed lumbar spine disc herniation; and degenerative disc disease disc protrusion and foraminal narrowing. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Voltaren Gel 1% #4 with three refills:** Upheld

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

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

**Decision rationale:** One prescription of Voltaren Gel 1% #4 with three refills. Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and nonmedicinal ingredients include carbomer, cocoyl caprylocaprate, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Any evidence of diminished effectiveness of medications was not specified in the records provided. In addition as per cited guideline for 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. The medical necessity of One prescription of Voltaren Gel 1% #4 with three refills is not established for this patient.

**Six physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Six physical therapy visits: The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for

this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Six physical therapy visits is not fully established for this patient.