

Case Number:	CM15-0044500		
Date Assigned:	03/16/2015	Date of Injury:	03/01/2003
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 52 year old female with an industrial injury dated 03/01/2003. The injured worker diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, unspecified, spasm of muscle, spondylosis of unspecified site without mention of myelopathy, sacroiliitis, not elsewhere classified, sacroiliac sprain, lumbago, sciatica, chronic pain syndrome, drug induced constipation and lumbar sprain. Treatment to date has included diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 02/18/2015, the injured worker currently complains of chronic low back pain with radiation into bilateral legs. Objective findings revealed moderate low back pain with lumbar flexion, limited extension due to facet loading pain, tenderness to palpitation of lumbar facets, positive bilateral straight leg raises, decreased sensory in bilateral lower extremities and mildly antalgic gait. The treatment plan included medication management. The treating physician prescribed one prescription of Voltaren gel 1% #300gm now under review.

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% #300gm: Upheld

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

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

Decision rationale: The 52 year old patient complains of low back pain, rated at 7/10, that radiates to both legs with numbness and loss of sensation in L5-S1 dermatomal distribution, as per progress report dated 02/18/15. The request is for ONE PRESCRIPTION OF VOLTAREN GEL 1% #300 gm. There is no RFA for this case and the patient's date of injury is 03/01/03. Diagnoses, as per progress report dated 02/18/15, included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, migraine, spondylosis, muscle spasms, sacroiliitis, sacroiliac pain, lumbago, sciatica, chronic pain syndrome, GERD, drug-induced constipation and lumbar sprain. The patient is working full time with restrictions, as per the same progress reports. 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. In this case, Voltaren gel is only mentioned in progress report dated 08/27/14. In the progress report, the treating physician states that the "Patient has had good results with very expensive 1% Voltaren gel in the past." Although the physician has used general statements to indicate efficacy, there is no documentation of objective improvement in pain and function. Additionally, MTUS guidelines recommend topical NSAIDs such as Voltaren only for peripheral joint arthritis. Given the lack of appropriate diagnosis in this case, the use of the gel IS NOT medically necessary.