

<b>Case Number:</b>	CM15-0085991		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/20/2003
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 48-year-old female with an industrial injury dated 3/20/2003. The injured worker's diagnoses include chronic sprain/strain of the lumbosacral spine, discogenic disease of the lumbar spine at multiple levels, lumbar radiculitis, status post fracture of the left distal fibula with a fixed deformity of the left ankle and foot, complex regional pain syndrome of the left lower extremity, sprain/strain of the right ankle, and chronic pain syndrome. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. According to the progress note dated 3/02/2015, the injured worker reported limitation with her normal daily activities. The injured worker reported that she continues to use Voltaren gel on a daily basis to the affected areas and that she continues to experience pain in the lumbar spine, intermittent pain in the lower extremities and pain in the left ankle. Objective findings revealed tenderness to palpitation of the lateral malleolus and bilateral paralumbar muscles. There were contracted tibialis anterior tendons with a fixed dorsiflexion inversion deformity of the ankle noted on examination. The treating physician also reported limited lumbar range of motion and positive bilateral straight leg raises. In the most recent progress note dated 4/14/2015, the treating physician reported no change in subjective complaints and objective findings. The treating physician prescribed services for Orthopedic Bed and 1 Prescription of Voltaren Gel 1% now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Orthopedic Bed: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Mattress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment, and Low Back, Mattress Selection and Other Medical Treatment Guidelines Medicare.gov, durable medical equipment.

**Decision rationale:** MTUS and ACOEM are silent regarding the medical necessity of orthopedic bed. ODG does state regarding mattress selection, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure." ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details, "Exercise equipment is considered not primarily medical in nature". Medicare details DME as:-durable and can withstand repeated use-used for a medical reason-not usually useful to someone who isn't sick or injured-appropriate to be used in your home. The request for a 1 Orthopedic Bed does meet the criteria for durability and home use per Medicare classification. ODG, however, does not support specialized mattress unless specific criteria is met. The medical documents do not indicate spinal cord injury. The requested mattress does not meet guidelines. As such, the request for 1 Orthopedic Bed is not medically necessary.

### **1 Prescription of Voltaren Gel 1%: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Voltaren (diclofenac) (recommended for OA) MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand,

knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records do not indicate the treatment area, just states the affected area which may be the ankle or the lower back but this is not specified. As such, the request for 1 Prescription of Voltaren Gel 1% is not medically necessary.