

Case Number:	CM15-0086479		
Date Assigned:	05/08/2015	Date of Injury:	05/30/2014
Decision Date:	06/19/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male who sustained an industrial injury to his lower back on 05/30/2014. The injured worker was diagnosed with degeneration of lumbar intervertebral disc and lumbago. Treatment to date includes diagnostic testing, conservative measures with activity modifications, physical therapy, lumbar epidural steroid injection and medications. According to the primary treating physician's progress report on April 22, 2015, the injured worker continues to experience low back pain with right lower extremity pain. Examination demonstrated negative straight leg raise bilaterally and 2+ reflexes at the knee and ankle. The injured worker exhibits a normal gait and posture. Current medications are listed as Cyclobenzaprine, Diclofenac ER, Meloxicam, Melatonin ER, and Voltaren gel. Treatment plan consists of continuing with additional authorized physical therapy, spine consultation if needed and the current request for Melatonin ER and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% topical gel to apply 2 gram to affected area by topical route 4x/day:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, p111- 113.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. When seen, there had been improvement after an epidural injection and he was participating in therapy treatments. He had symptoms of depression and anxiety and was having difficulty sleeping. Medications being prescribed had included oral diclofenac which had been discontinued two weeks before. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant does not have localized peripheral pain. Therefore, the request was not medically necessary.

Melatonin ER 3mg tablet, extended release. 1 tablet prn by oral route at bedtime for 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Melatonin Treatment Index, 11th Edition (web), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Chronic Pain, Zolpidem; (2) Mental Illness & Stress, Insomnia; (3) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. When seen, there had been improvement after an epidural injection and he was participating in therapy treatments. He had symptoms of depression and anxiety and was having difficulty sleeping. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been determined. Therefore, Melatonin ER was not medically necessary.