

Case Number:	CM15-0088407		
Date Assigned:	05/12/2015	Date of Injury:	07/13/1998
Decision Date:	06/12/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Emergency Medicine

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 62 year old male, who sustained an industrial injury on 7/13/1998, injuring his low back. He reported being hit by a hanging door that was struck by a forklift. Additional injuries and compensation claims were documented. The injured worker was diagnosed as having lumbar facet syndrome and lumbar degenerative disc disease. Treatment to date has included diagnostics, physical therapy, fall with L1 compression fracture-status post vertebroplasty 5/2014, facet joint procedures, and medications. The use of Voltaren gel was noted since at least 1/2014. Currently (3/18/2015), the injured worker complains of low backache, increased since last visit. Pain was rated 8/10 with medications and 10/10 without. Activity level remained the same and sleep quality was fair. He was retired and not working. Current medications included Nucynta, Voltaren gel, Aspirin, Cozaar, Cymbalta, Norco, Plavix, Tylenol ES, and Pentoxifylline ER. Magnetic resonance imaging of the right knee (2011) was referenced. Urine toxicology was consistent with prescribed medications. Exam of the lumbar spine noted restricted range of motion, tenderness and spasm bilaterally in the paravertebrals, positive facet loading on the left, and positive FABER test. Exam of the right knee noted restricted range of motion, tenderness to palpation, and 1+ effusion. He had a history of multiple strokes and was on chronic anticoagulation therapy. He was unable to take oral anti-inflammatory medication. The treatment plan included continued medications, including Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #3: 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 Analgesics, Non-steroidal anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk Page(s): 68-69, 111-112.

Decision rationale: The requested Voltaren 1% gel #3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111 112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has low back pain. The treating physician has documented the lumbar spine noted restricted range of motion, tenderness and spasm bilaterally in the paravertebrals, positive facet loading on the left, and positive FABER test. Exam of the right knee noted restricted range of motion, tenderness to palpation, and 1+ effusion. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren 1% gel #3 is not medically necessary.