MAXIMUS Federal Services

Case Number:	CM15-0234564		
Date Assigned:	12/10/2015	Date of Injury:	11/22/2012
Decision Date:	01/12/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/01/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

The injured worker is a 51 year old female, who sustained an industrial injury on 11-22-2012. The medical records indicate that the injured worker is undergoing treatment for low back pain, fibromyositis, and chronic pain syndrome. According to the progress report dated 10-28-2015, the injured worker presented with complaints of persistent low back pain, which radiates to the lateral gluteal and proximal right thigh area. It is associated with numbness and tingling in the same area and along a dermatomal distribution. On a subjective pain scale, she rates her pain 8 out of 10. The physical examination reveals diminished sensation to light touch on the left L5 dermatomal distribution. There is a tender raised mass measuring 4 x 6 centimeters localized to the left greater trochanter and anterior to it. The current medications are baclofen (since at least 5-1-2015), Flector patch, nabumetone, Skelaxin, and Voltaren gel (since at least 5-1-2015). Previous diagnostic studies were not indicated. Per notes, a request for a left hip-thigh MRI has been authorized. Treatments to date include medication management and home exercise program. Work status is not specified.The original Utilization Review (11-4-2015) had non-certified a request for Voltaren 1% gel and baclofen 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren Gel (diclofenac).

Decision rationale: The MTUS lists Voltaren Gel as an FDA approved medication 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, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the medical records available, the injured worker has been treated long-term with topical Voltaren, with no evidence of objective functional improvement. Coupled with the lack of evidence for use in the surface regions of this patient's complaints and that it is not indicated for neuropathic pain, the request for Voltaren gel 1% #1 cannot be considered medically necessary.

Baclofen 10mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as baclofen, are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. In addition, it is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Based on the available medical records for the injured worker, her low back pain is chronic and he does not have multiple sclerosis or a spinal cord injury. In addition, the most recent note from 12-9-2015 did not document muscle spasm, decreased pain scores, or increased objective functional improvement with baclofen. Therefore, based on the MTUS guidelines, the request for baclofen 10 mg #30 is not medically necessary or appropriate.