

Case Number:	CM15-0244032		
Date Assigned:	12/23/2015	Date of Injury:	06/11/2012
Decision Date:	01/28/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/15/2015

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 49-year-old male, with a reported date of injury of 06-11-2012. The diagnoses include chronic low back pain, sciatica, lumbosacral strain, chronic pain syndrome, abnormality of gait, tenosynovitis of foot and ankle, and plantar fasciitis. The progress note dated 05-11-2015 indicates that the injured worker had neck and back pain, which was rated 8 out of 10 at its worst; 7 out of 10 at its best; and 9 out of 10 on average. The pain was associated with numbness and tingling, spasms, headaches, fatigue, swelling, locking and weakness. The objective findings include no apparent distress; mild swelling of the left ankle; tenderness to palpation in the retro patella on the right; trigger points palpated in the levator scapulae rhomboid region and lumbar region on the left and upper trapezius, lower trapezius, and gluteus medius bilaterally; lumbar forward flexion at 60 degrees; lumbar extension at 10 degrees; lateral bending to the left at 15 degrees; lateral bending to the right at 15 degrees; pain limited in all planes on the left ankle; mild weakness in the left ankle; and paresthesias to the light touch and allodynia to light touch noted in the left ankle medial aspect proximal and distal area. It was noted that the injured worker was temporarily totally disabled until the next appointment. The progress note dated 10-22-2015 indicates that the injured worker had ongoing back pain and bilateral ankle and foot pain. It was noted that the pain had been worse within the last several days. The injured worker rated the pain 9 out of 10 with bending at the waist, prolonged sitting, standing, walking, going up and down stairs, twisting, bending at the waist, pushing, pulling, reaching, and lifting. There was numbness, tingling, and weakness that went into the injured worker's lower extremities with swelling in his ankles. The injured worker had been having

headaches due to lack of poor sleep. The objective findings include mild effusion at the ankles; trace palpable pulses at the dorsalis pedis and posterior tibialis bilaterally; tenderness to palpation at the posterior tibial tendon; limited forward flexion and extension in the lumbar spine; paresthesias along the medial and lateral aspect of the right and left legs and dorsum of the feet; and an antalgic gait on the left. It was noted that the injured worker was medically disabled. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included Norco, Lyrica, Carisoprodol, and Tramadol. The request for authorization was dated 10-23-2015. The treating physician requested Voltaren 1% gel #100 to the inside of each foot. On 11-19-2015, Utilization Review (UR) non-certified the request for Voltaren 1% gel #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% day supply 30 #100, Refills: 0: 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): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication for this topical NSAID for this chronic June 2012 injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific quantified increased in ADLs, decreased in pharmacological dosing and discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. Although this appears to be a new prescription for Voltaren Gel with note GI upset history, there is no evidence of failed first line NSAID with conjunctive use of a GI protectant. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high risk patients, especially those with reduced drug metabolism as in renal failure and in this case, history of GI effects. There is also little evidence for efficacy of topical NSAID in the treatment of spinal osteoarthritis not shown here. The Voltaren Gel 1% day supply 30 #100, Refills: 0 is not medically necessary or appropriate.