

Case Number:	CM14-0140817		
Date Assigned:	09/10/2014	Date of Injury:	07/29/2011
Decision Date:	10/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year old employee with date of injury of 7/29/2011. Medical records indicate the patient is undergoing treatment for myofascial pain syndrome, lumbar anterolisthesis and lumbar radiculopathy. Subjective complaints include chronic low back and left shoulder pain. She does complain of occasional neck pain and right shoulder pain. Objective findings include diffuse lumbar paravertebral musculature tenderness at the L4-L5 and L5-S1. She also has tenderness on the spinous process. Sensory and motor function tests determined diminished sensation along the L5-S1 distribution. Straight leg raise is positive both seated and supine positions. An MRI of the lumbar spine shows a 7mm anterolisthesis at the L5-S1 level. There is severe right greater than left foraminal narrowing at L5-S1 secondary to anterolisthesis. Treatment has consisted of home exercise program, trigger point injection, PT, Duexis, Norco, Voltran gel and Lidoderm patch. The utilization review determination was rendered on 8/28/2014 recommending non-certification of Voltaren gel 1% 4gm #5 tubes and 1 trigger point injection bilateral lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 4gm #5 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is, "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. As such the request for Voltaren gel 1% 4gm #5 tubes is not medically necessary.