

Case Number:	CM14-0099124		
Date Assigned:	09/16/2014	Date of Injury:	09/17/1999
Decision Date:	10/16/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

The records presented for review indicate that this 58 year-old male was reportedly injured on September 17, 1999. The mechanism of injury is noted as a work-related injury. The most recent progress note, dated June 5 2014, indicates that there are ongoing complaints of low back pain, with radiation into the bilateral lower extremities, as well as bilateral shoulder pain. The physical examination demonstrated a normotensive (124/71) individual in moderate to severe distress with a slow gait. Inspection of the lumbar spine reveals no gross abnormalities. Tenderness to palpation was noted in the spinal vertebral area of L4-S1. The range of motion of the lumbar spine was moderately limited due to pain, which was significantly increased with flexion and extension. Facet signs were present in the lumbar spine bilaterally. Motor exam of bilateral lower extremities is normal. Straight leg raise test is negative bilaterally. Diagnostic imaging studies include an MRI of the lumbar spine from February 2014, which showed disc bulges and protrusions throughout the lumbar spine measuring 2 to 7 mm with facet disease, postoperative changes, and spinal canal stenosis. This MRI was compared to a previous study done in July 2012 and was very similar. There is also an MRI of the left knee from January 2002 which showed osteoarthritic changes. An MRI of the cervical spine, dated May 2000, was also included for review and showed multilevel posterior disc protrusions with mild to moderate spinal stenosis. Additionally, an MRI of the left shoulder from May 2011 showed a full thickness tear to the supraspinatus tendon with moderate effusion and fluid present in the bicipital groove around the long head of the biceps tendon. Previous treatment includes a home exercise program, and multiple medications. A request had been made for Voltaren gel 1%, 100 g, and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel, qty 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: MTUS guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti-inflammatory. The claimant suffers from chronic low back and shoulder pain. Although there is mention of osteoarthritic changes on an MRI report of the left knee from 2002, the clinician does not note any complaints of left knee pain in the most recent progress note, nor does the clinician document osteoarthritis as a diagnosis. Therefore, there is no indication for this medication and the request is not medically necessary.