

Case Number:	CM15-0004952		
Date Assigned:	01/16/2015	Date of Injury:	12/05/2006
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: 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 63 year old male, who sustained a work/ industrial injury on 12/5/06. Mechanism of injury was not provided in the documentation. He has reported symptoms of left low back and down the left leg. The diagnoses have included lumbago, post laminectomy syndrome lumbar region. According to the primary treating physician's progress report, dated 11/21/14, the pain to the left lower back was rated 3/10 with tenderness of the left buttock, pain down the posterior lateral leg with flexion, straight leg raise is negative and good strength testing knee extension, dorsi plantar flexion of the feet. Treatment to date has included s/p laminectomy, medication, topical analgesic gel, and exercises to include back stretching. On 12/22/14, Utilization Review non-certified Voltaren gel 1% Day Supply: 30 QTY: 300 Refills 3, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines was cited.

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, QTY: 300 with 3 refills: 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 Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been given the gel for several months with additional 3 months refill is not indicated. There are diminishing effects after 2 weeks. The long term use of Voltaren gel is not medically necessary.