

Case Number:	CM15-0007112		
Date Assigned:	01/26/2015	Date of Injury:	04/03/2002
Decision Date:	03/17/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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, who sustained an industrial injury on 4/3/2002. On 2/9/15, the injured worker submitted an application for IMR for review of Topical Voltaren 1% for a 500 day supply. The treating provider reported the injured worker is having increased back pain and radicular symptoms in the left lower extremity. The diagnoses have included sciatica, chronic pain syndrome, disc degeneration NOS. Treatment to date has included status post posterior decompression with pedicle screw fusion from L2-L5, status post L2 through L5 decompression, fusion and instrumentation, remote, MRIs, x-rays lumbar 2013, and physical therapy. On 1/2/15 Utilization Review non-certified Topical Voltaren 1% for a 500 day supply, citing the MTUS Guidelines for topical analgesics are considered largely experimental and not considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren 1% for a 500 day supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Voltaren 1% #500 day supply is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical diclofenac (Voltaren) is FDA approved for topical use. Diclofenac is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are Lumbar DDD, status post prior L3-L4 and L4-L5 laminotomies with one recent L2-L5 fusion; chronic low back pain; and left sciatic pain. Subjectively, the injured worker complained of increased back pain with radicular symptoms in the lower extremities. Pain is 8/10 without pain medications and 4/10 with pain medications. The injured worker recently completed 12 sessions of physical therapy and the work hardening program. Objectively, there is tenderness in the left paraspinal region with slight spasms noted. Straight leg raising test was positive on the left negative on the right. The documentation indicates the injured worker, as far back as February 2013, has used Voltaren gel. However, there is no documentation indicating objective functional improvement to gauge its efficacy in the record. Additionally, Voltaren gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical application. It has not been evaluated for treatment of the spine, hip or shoulder. There is no evidence of osteoarthritis. Consequently, absent clinical documentation to support Voltaren gel with its application to the lumbar spine and paraspinal muscle groups, in the absence of osteoarthritis related pain, topical Voltaren 1% #500 day supply is not medically necessary.