

Case Number:	CM15-0011287		
Date Assigned:	01/28/2015	Date of Injury:	03/18/2005
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old male, who sustained an industrial injury on 3/18/2005. He reported low back pain. Diagnoses include lumbar 4 to sacral 1 herniated nucleus pulposus, cervical degenerative disc disease, cervicalgia with radiculopathy, lumbar radiculopathy, bilateral shoulder bursitis and tendinitis and left wrist and knee pain. Treatments to date include lumbar 4 to sacral 1 laminotomy and foraminotomy, physical therapy and medication management. A progress note from the treating provider dated 12/17/2014 indicates the injured worker reported right shoulder, low back and knee pain. There were objective findings of decreased range of motion of the affected joints and tenderness to palpation of the shoulders and cervical paraspinal area. The medications listed are Elavil, Lyrica, Colace and Naproxen. The UDS reported dated 11/18/2014 was noted to be consistent with prescribed. The treatment plan included prescription of Voltaren gel 1%. On 1/5/2015, Utilization Review non-certified the request for Voltaren gel 1%, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% applied 4 times a day # 5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Pain Chapter NSAIDs

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with renal, cardiovascular and gastrointestinal complications. The risk of complication is further increased in patients who are utilizing multiple NSAIDs. The use of topical NSAIDs is associated with the development of rapidly decreased medication efficacy and potentiation of NSAID induced complications. The guidelines recommend that the use of topical analgesic be limited to localized pain not generalized to multiple body parts. The records indicate that the patient is utilizing multiple NSAIDs in both oral and topical formulations. There is a history of pain located in multiple joints and the spine. The criteria for the use of Voltaren gel 1% four times a day #5 tubes was not met.