

Case Number:	CM15-0117033		
Date Assigned:	06/25/2015	Date of Injury:	12/23/2002
Decision Date:	07/30/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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: Pennsylvania

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 60 year old female who sustained an industrial injury on December 23, 2002. She reported a slip and fall with right knee, right wrist, right and left hip, low back, and right foot injuries. The injured worker was diagnosed as having chronic low back pain and chronic hip bursitis. Treatment and evaluation to date has included MRIs, electromyography (EMG)/nerve conduction velocity (NCV), physical therapy, H-wave unit, trigger point injections, CT scan, right shoulder surgery, and medication. Multiple injections of toradol were noted in a records review in an Agreed Medical Examination in January 2014. Topical voltaren was noted to be used as far back as July 2009. Use of ibuprofen in 2011-2013 was noted. The progress note in January 2015 notes prescription of naproxen, and in February 2015 the injured worker reported that naproxen hurt her stomach. Toradol injection was administered in February and April 2015. Currently, the injured worker complains of chronic low back pain and chronic hip bursitis. The Primary Treating Physician's report dated April 29, 2015, noted the injured worker with an analgic gait, and bilateral hips tenderness to palpation, with the bilateral greater trochanters with tenderness to palpation. The treatment plan was noted to include follow up with the spine and pain center and a Toradol 60mg intramuscular injection, with a request for authorization for Voltaren gel. Work status was noted as off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel (boxes) Qty: 5.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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 chapter, diclofenac, Topical analgesics, diclofenac topical, voltaren gel.

Decision rationale: The requested medication contains Diclofenac, a non-steroid anti-inflammatory drug (NSAID). The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical non-steroidal anti-inflammatory agents (NSAIDS) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. The site of application and directions for use were not specified, but the documentation provided noted the injured worker had chronic low back pain and chronic hip bursitis, which are sites that are not recommended for treatment with topical NSAIDS. Topical nonsteroidals are not recommended for neuropathic pain. They are recommended for short-term use (4-12 weeks). The documentation notes that voltaren has been used at least intermittently for years. The MTUS lists voltaren gel 1% as FDA- approved. The ODG states that topical diclofenac (voltaren) is not recommended as a first line treatment due to increased risk profile. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile of diclofenac, including topical formulations. The documentation does indicate some gastrointestinal intolerance to naproxen, but the treating physician has not discussed the increased cardiovascular risk profile of diclofenac or consideration of use of a gastric protectant. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac, with cases of severe hepatic reactions reported in postmarketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with diclofenac. As noted, the documentation suggests at least intermittent use of voltaren gel for many years, but there was no documentation of monitoring of transaminases. The documentation provided failed to include objective, measurable documentation of the injured worker's response to the Voltaren gel and the specific duration of treatment. There was no documentation of change in work status or improvement in specific activities of daily living as a result of use of voltaren gel. Work status remained as off work. Due to lack of specific indication, and potential for toxicity, the request for voltaren gel is not medically necessary.

Retrospective request for Toradol 60mg IM Qty: 1.00 (DOS: 04/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 67, 72. Decision based on Non-MTUS Citation Ketorolac: drug information. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The guidelines recommend non-steroid anti-inflammatory drugs (NSAIDs) for chronic low back pain as an option for short term symptomatic relief, and for osteoarthritic pain recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Ketorolac (Toradol) is noted to have a boxed warning that the medication is not indicated for minor or chronic painful conditions. The injured worker was noted to have chronic low back pain and chronic hip bursitis. The injured worker has received multiple injections of toradol over several years without documentation of functional improvement as a result of these injections; there was no documentation of change in work status or specific improvements in activities of daily living as a result of use of toradol, including after the most recent injection in February 2015. Work status remained as off work. The manufacturer states that Toradol is contraindicated in patients currently receiving aspirin (ASA) or non-steroidal anti-inflammatory agents (NSAIDs) because of the cumulative risk of inducing serious NSAID-related adverse events. This injured worker has also been prescribed topical voltaren, another NSAID, which is duplicative and potentially toxic. For these reasons, the request for toradol is not medically necessary.