

Case Number:	CM15-0122948		
Date Assigned:	07/07/2015	Date of Injury:	10/03/2012
Decision Date:	08/05/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/25/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on October 3, 2012, incurring left foot and ankle injuries from a crush injury. He was diagnosed with lower leg pain and ankle and foot joint pain. Treatment has included surgery, compressive stockings, use of a cane, physical therapy, nerve block (left lumbar sympathetic nerve block which gave 100% pain relief for 2 days) and medications. The patient had constipation and gastrointestinal issues with nortriptyline and gastrointestinal issues and bleeding with nonsteroidal anti-inflammatory drugs. Electromyography studies of the left lower extremity revealed nerve dysfunction. Documented in the PR-2 dated 5/25/2015 the injured worker complained of worsening left lower extremity pain especially with any activity. He also noted continued left leg pain and good symptom relief with use of Voltaren gel. On exam he had an antalgic gait, left lower leg allodynia and +2 pitting edema in left foot; left knee was tender to palpation and had limited range of motion. The treatment plan requested authorization for a prescription for Voltaren Gel and a repeat left lumbar sympathetic block with sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs); Topical Analgesics Page(s): 22, 67-73, 111-113. Decision based on Non-MTUS Citation Klinge SA, Sawyer GA. Effectiveness and safety of topical versus oral non-steroidal anti-inflammatory drugs: a comprehensive review. Phys Sports med. 2013 May; 41(2): 64-74.

Decision rationale: Diclofenac Gel (Voltaren Gel) is a non-steroidal anti-inflammatory (NSAIDs) medication formulated for topical use. The systemic form of this medication is indicated for treatment of mild to moderate pain. Topical NSAIDs have been effective in short-term use trials for chronic musculoskeletal pain but long-term use has not been adequately studied. In general, the use of topical agents to control pain is considered an option by the MTUS although it is considered largely experimental, as there is little to no research to support their use. Topical NSAIDs are primarily recommended for treatment of osteoarthritis and tendonitis. Head-to-head studies of oral NSAIDs with topical NSAIDs suggest topical preparations should be considered comparable to oral NSAIDs and are associated with fewer serious adverse events, specifically gastrointestinal reactions. This patient has been using Voltaren Gel with documentation of its effectiveness in decreasing the patient's pain. This patient's prior trials of oral NSAIDs was associated with development of gastrointestinal bleeding. Considering all the above information, continued use of his medication is a reasonable therapeutic option. The request is medically necessary.

Left Lumbar Sympathetic Block at L2 with sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103-104.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 8 pg 181, Chp 12 pg 288, 301, 309-10, Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks; Epidural steroid injections (ESIs) Page(s): 39-40, 46.

Decision rationale: According to ACOEM, facet blocks and diagnostic nerve blocks are not recommended for cervical complaints and there is not enough evidence to recommend or not recommend nerve blocks for lumbar complaints. The Chronic Pain Medical Treatment Guidelines finds only a limited role for nerve blocks for sympathetically mediated pain when used for diagnosis or to facilitate physical therapy. It otherwise considers nerve root blocks to be the same as epidural steroid injections. Epidural steroid injections are an optional treatment for pain caused by nerve root inflammation as defined by pain in a specific dermatome pattern consistent with physical findings attributed to the same nerve root. As per the MTUS the present recommendation is for no more than 2 such injections, the second being done only if there is at least a partial response from the first injection. Its effects usually will offer the patient short-term relief of symptoms, as they do not usually provide relief past 3 months, so other treatment

modalities are required to rehabilitate the patient's functional capacity. The MTUS provides very specific criteria for use of this therapy. Specifically, the presence of a radiculopathy documented by examination and corroborated by imaging, and evidence that the patient is unresponsive to conservative treatment. This patient has left leg pain, which was shown by electromyographically to be associated with nerve dysfunction. Prior conservative care was not helpful. A previous lumbar sympathetic nerve block was effective at decreasing the patient's pain. The exam was consistent with nerve dysfunction in left leg. At this point in the care of this patient, a repeat sympathetic nerve block is a viable option. The request is medically necessary.