

Case Number:	CM15-0123798		
Date Assigned:	08/07/2015	Date of Injury:	11/28/2006
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/26/2015

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, Hospice & Palliative 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 female, who sustained an industrial injury on 11-28-06. She reported low back pain and right side pain after tripping and falling, landing on her right side. The injured worker was diagnosed as having sciatica, lumbar spinal stenosis, internal derangement, disc displacement, spondylolisthesis, anomalies of spine, fracture of lateral malleolus, degenerative disc disease of lumbar region, sprain-strain of lumbar region, osteoarthritis of pelvis, hammertide and lumbar spine sprain. Treatment to date has included epidural steroid injection, trigger point injections, aquatic therapy, oral medications including tramadol 50mg, Norco 10-325mg, Cymbalta 30mg and Gabapentin 600mg; and activity restrictions. Currently on 5-14-15, the injured notes epidural steroid injection reduced her symptoms by 70%. Physical exam performed on 5-14-15 revealed tenderness to palpation of lumbar paraspinal musculature on the right with restricted range of motion; a palpable tender point was also noted on the right paralumbar musculature. The treatment plan included a refill on "appropriate medications". A separate sheet was submitted dated 5-14-15 with medications indicated: Norco #60, Neurontin 300mg and Duloxetine DR 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 5-100g tube with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Voltaren (diclofenac) 1% gel is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing lower back pain. This medication was to be used for areas not supported by the Guidelines. There was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 5-100 g tube of Voltaren (diclofenac) 1% topical gel with three refills is not medically necessary.