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| Case Number: | CM15-0124128 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 06/05/2013 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 05/28/2015 |
| 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 34-year-old male, who sustained an industrial injury on 6/5/13. Initial complaints were not reviewed. The injured worker was diagnosed as having; lumbar spinal stenosis; without neurogenic claudication; thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment to date has included medications. Currently, the PR-2 notes dated 1/14/15 indicated the injured worker was diagnosed with osteoarthritis of the lumbar spine. The provider documents restricted work guidelines of push and pull with 0-10 pounds as "safely OK"; 11-25 pounds "OK for brief periods" and anything over 25 pounds he needs to avoid; as well as bending and stooping; crawling/kneeling, climbing/balancing. He is able to reach/lift above his shoulders "safely OK," stand and walk "OK for brief periods"; sitting is "safely OK", as well as close visual work. There was an EMG/NCV study of bilateral lower extremities completed on 1/29/15 with a impression noted as normal EMG of the lower extremities and lumbar paraspinal muscles and the NCV study was well within normal limits. The injured worker is to come back to the office as a follow-up in 6 weeks and was given Lidoderm patches refill. The provider's treatment plan included a request for Voltaren gel 1% #200 prescribed on 5/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, quantity: 200, prescribed on 05/18/2015: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for lumbar pain. As such, the request for Voltaren gel 1%, quantity: 200, prescribed on 05/18/2015 is not medically necessary.