

Case Number:	CM15-0129243		
Date Assigned:	07/15/2015	Date of Injury:	12/02/2013
Decision Date:	08/25/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 45 year old male, who sustained an industrial injury on December 2, 2013. He reported an injury to his back and was diagnosed with low back contusion and strain. Treatment to date has included x-rays of the thoracic and cervical spine, MRI of the lumbar spine, medications, physical therapy and home exercise program. Currently, the injured worker complains of persistent right mid back pain. He describes his pain as deep and aching pain with intermittent sharp, shooting and stabbing pain. He reports increased pain with sudden movements such as twisting. He reports that sitting aggravates his pain and he has difficulty sleeping due to pain. He reports tenderness over the posterior ribs and scapular region. He reports that he is doing fairly well with his medication regimen including Tylenol, Codeine, gabapentin and voltaren. He reports that his medications reduce his symptoms and allow him to slightly increase his activity level at home. On physical examination, the injured worker has tenderness to palpation of the thoracic paraspinal muscles and the right posterior ribs. X-rays of the thoracic spine on April 2, 2014 revealed mild diffuse degenerative changes and an x-ray of the cervical spine on April 2, 2014 revealed cervical spasms. MRI of the lumbar spine on June 9, 2014 revealed mild multi-level disc bulging with neural foraminal narrowing. The diagnoses associated with the request include thoracic pain, thoracic facet pain and myofascial pain. The treatment plan includes Tylenol #3, gabapentin, Voltaren gel, and continuation of home exercise and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Overturned

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

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

Decision rationale: The claimant sustained a work injury in December 2013 and continues to be treated for back pain with posterior rib and scapular tenderness. His past medical history includes diabetes, severe gastroesophageal reflux disease with oral non-steroidal anti-inflammatory medications, and kidney disease. Physical examination findings included thoracic paraspinal muscle and right posterior rib tenderness. The claimant's BMI is over 40. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral NSAID medication and kidney disease, which would prevent use of an oral agent. He has localized pain affecting the right thoracic spine and thorax potentially amenable to topical treatment. The requested medication was medically necessary.