MAXIMUS Federal Services

Case Number:	CM15-0129391		
Date Assigned:	07/16/2015	Date of Injury:	11/04/1999
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
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: Arizona, California
Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 11/4/99. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar failed back surgery syndrome; lower back pain with post-surgical changes; post-fibrosis in the region of laminectomy L5-S1; left-sided SI joint syndrome; depression due to chronic pain; right knee pain. Treatment to date has included status post spinal fusion L3-S1 (2000); status post failed lumbar fusion hardware removal (2003); status post spinal cord stimulator trial 12/16/14); status post permanent placement spinal cord stimulator (2/19/15); physical therapy; trigger point injections x2 thoracolumbar region (5/19/15); medications. Diagnostics studies included MRI lumbar spine 4/2/12). Currently, the PR-2 notes dated 6/9/15 indicated the injured worker complains of localized discomfort close to where the spinal cord stimulator is. He denies any bowel or bladder incontinence or any focal weakness. He states it feels like "pushing a thumb into the spinal cord." He denies any fever, chills or any other difficulties. He does not want to change his medications regimen at this time despite the increased pain. Current medications are listed as Elavil 100mg at bedtime; Lidoderm patches; Voltaren 1% gel and ibuprofen. Objective findings note a slight swelling in the lower thoracic spine at the midline. There is no erythema noted or openings in the skin. There is tenderness to palpation and the rest of his examination is unchanged. The treatment plan included a follow-up with surgeon for possible evaluation of spinal cord stimulator anchor/lead site. The provider is requesting authorization of Voltaren Gel 1% #1 tube with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1 tube with 1 refill: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months along with other topical analgesics and NSAIDS. Topical NSAIDS can reach systemic levels similar to oral medications. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.