

Case Number:	CM15-0145187		
Date Assigned:	09/02/2015	Date of Injury:	01/10/2009
Decision Date:	10/06/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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:

This injured worker is a 59-year-old female who reported an industrial injury on 1-10-2009. Her diagnoses, and or impression, were noted to include: lumbar degenerative disc disease; post lumbar laminectomy syndrome; lumbago; chronic lower extremity radiculopathy, right > left; thoracic or lumbosacral neuritis or radiculitis with disorders of bursae; chronic right sacroiliac joint arthropathy; diffuse regional myofascial pain; abnormality of gait; and chronic pain syndrome with severe mood and sleep disorder. No current imaging studies were noted. Her treatments were noted to include 2 lumbar surgeries; injection therapy; physical therapy; aqua therapy; pain psychology treatments; medication management, most recently without oral narcotics; and rest from work as she was noted to be retired. The progress notes of 7-1-2015 reported an initial pain management consultation for constant, moderate-severe low back, right buttock and right lower extremity pain, aggravated by sitting and activity, and alleviated by rest, sacroiliac joint injections, aquatic therapy, and medications. Objective findings were noted to include: fatigue from having been sick and in some distress due to pain; slow movements with an antalgic gait, favoring her right lower extremity and use of cane; a forward-flexion posture from the waist; positive right straight leg raise; absent bilateral ankle reflexes; hyperesthesia in the left lower extremity in the sacral dermatome and hyperesthesia in the right lower extremity in the lumbosacral dermatomes; muscle aches with weakness in the right leg and arthralgia's and joint pain. The physician's requested treatments were noted to include the continuation of Voltaren Gel as a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel #1 100 Gram Tube with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

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 and additional 3 months refill is not indicated. There are diminishing effects after 2 weeks. The claimant does not have the above diagnoses and was already on oral opioids. Continued use of topical Voltaren is not medically necessary.