

Case Number:	CM15-0173259		
Date Assigned:	09/15/2015	Date of Injury:	12/28/1996
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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 female who sustained an industrial injury on December 28, 1996. A recent primary treating office visit dated July 10, 2015 reported chief subjective complaint of low back pain; chronic pain syndrome; depressive disorder; Opioid dependence; chronic pain syndrome; lumbar post-laminectomy syndrome and primary fibromyalgia syndrome. There is noted discussion regarding weaning from OxyContin via a formal medication transition program. Current medications consisted of Gabapentin, Ketorolac, OxyContin, and Wellbutrin. The assessment applied the following diagnoses: lumbar post laminectomy syndrome; chronic pain syndrome; Opioid dependence, and depressive disorder. There is noted prescription for outpatient detoxification program and a referral for acupuncture session. At primary treating follow up in March 2015, there is noted referral to psychologist for Opioid dependence screening. There is also noted discussion regarding non-authorization for both a detoxification program and Opioid prescription. Primary follow up date May 2015 reports continued medication denials and the worker is going to private pay to get OxyContin: still no word regarding a detoxification evaluation program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel (unspecified): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury occurring in December 1996 and continues to be treated for chronic pain including a diagnosis of post laminectomy syndrome. She has a history of gastroesophageal reflux disease. When seen, she was having left-sided low back pain. She was having left lower extremity burning and numbness with tingling and weakness. Physical examination findings included appearing anxious. There was an antalgic gait with forward flexed posture. There was positive left straight leg raising with decreased left lower extremity strength. No oral NSAID was being prescribed. 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 gastroesophageal reflux disease and has localized low back pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.