

Case Number:	CM15-0065325		
Date Assigned:	04/13/2015	Date of Injury:	04/17/2001
Decision Date:	05/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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 53 year old female who sustained an industrial injury on 04/17/2001. Diagnoses include lumbar disc disorder, lumbar radiculopathy and lumbar post laminectomy syndrome, and spinal lumbar degenerative disc disease. Treatment to date has included status post lumbar fusion at L4-S1 in 2001, and lumbar fusion L3-4 in 2005, diagnostic studies, medications, epidural steroid injections, Transcutaneous Electrical Nerve Stimulation Unit, and trigger point injections. A physician progress note dated 03/12/2015 documents the injured worker complains of chronic progressive pain in her mid-back, lower back, bilateral knees and left foot over the past 15 years. Her lower back pain radiates down her left leg and left foot. Her pain is a 6 at best and a 9 at its worst on a scale of 1-10. The pain is described as sharp, cutting, throbbing, dull, aching, shooting, and electric-like and burning with muscle pain and pins-and-needles sensation. She reports having bowel incontinence. On examination lumbar range of motion is restricted with flexion limited to 35 degrees, extension limited to 2 degrees by pain, right lateral bending limited to 10 degrees and left lateral bending limited to 10 degrees. Straight leg raising test is positive on the left side in sitting at 6 degrees, and in supine position at 40 degrees. Ankle and knee clonus is absent. The treatment plan is for medications, epidural steroid injection with catheter, sleep study due to persistent insomnia, and will consider a spinal cord stimulator in the future. Treatment requested is for Voltaren 1% gel, #1 RX date: 03/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, #1 RX date: 03/12/2015: Upheld

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

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 did not have arthritis. The claimant had been on opioids and muscle relaxants as well without indication of reduction in use. Length of Voltaren use was not specified. Continued use is not medically necessary.