

Case Number:	CM15-0076909		
Date Assigned:	04/28/2015	Date of Injury:	02/16/2007
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/22/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 62 year old male, who sustained an industrial injury on 2/16/2007. The current diagnoses are cervical spine sprain, right shoulder injury, and lumbar spine sprain. According to the progress report dated 3/23/2015, the injured worker notes weakness in his legs, decreased balance, and neck/low back pain. Per notes, neck and low back pain improved with injections. The pain is rated 1-4/10 and gets worse with movement. The current medications are Naproxen, Hydrocodone-Acetaminophen, Quinine Sulfate, Ambien, Gabapentin, Klonopin, Pantoprazole, Voltaren gel, and Valium. Treatment to date has included medication management, physical therapy, trigger point injections, Toradol injections, Botox injections, epidural steroid injections, and facet and radiofrequency rhizotomies. The plan of care includes Voltaren gel and Botox injections for the cervical spine and upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

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

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

Decision rationale: This 62 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 2/16/07. He has been treated with botox injections, physical therapy, medications, epidural steroid injections, radiofrequency rhizotomies and trigger point injections. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel is not medically necessary.

Botox injections for the cervical spine and upper back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 26.

Decision rationale: This 62 year old male has complained of neck pain, shoulder pain and low back pain since date of injury 2/16/07. He has been treated with botox injections, physical therapy, medications, epidural steroid injections, radiofrequency rhizotomies and trigger point injections. The current request is for botox injections for the cervical spine and upper back. Per the MTUS guidelines cited above, botox injections are not recommended for the treatment of chronic neck pain. On the basis of the available medical records and per the MTUS guidelines cited above, botox injections for the cervical spine and upper back are not medically necessary.