MAXIMUS Federal Services

Case Number:	CM15-0077376		
Date Assigned:	04/28/2015	Date of Injury:	03/21/2014
Decision Date:	05/29/2015	UR Denial Date:	04/13/2015
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: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 03/21/2014 when a refrigerator fell on him. The injured worker was initially assessed as a spinal cord injury due to initial sensory loss of the bilateral lower extremities. He subsequently was paralyzed in both the upper and lower extremities for 3-4 days. Magnetic resonance imaging (MRI) and Computed Tomography (CT) reports of the head, cervical, thoracic, lumbar, abdomen, and pelvis were negative for acute pathology. The injured worker was diagnosed with thoracic/lumbosacral neuritis or radiculitis, sprain of the neck, thoracic and lumbar region and left groin pain. He was discharged on March 27, 2014 with medications, walker device and physical therapy. Treatment to date includes diagnostic testing, physical therapy, assistive device for ambulation, home exercise program and medications. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience low back pain, leg and neck pain with weakness from the neck down and freezing episodes with fire like pain in the lower back. The injured worker rates his pain at 9/10 without objective signs of discomfort. There has been no recurrent paralysis. He continues with involuntary jerking movements of his arms and legs without pattern. He is able to walk about a half a block, utilizes a walker or wheelchair. Examination demonstrated decreased range of motion in the cervical spine with tenderness and spasm in the trapezius. Positive Spurling test was noted, right greater than left side. Shoulder range of motion was decreased with hyper-reflexic deep tendon reflexes of the bilateral upper extremities. Negative Romberg and decreased grip with poor effort and cog wheel shaking movements. The injured worker was unable to straight leg raise. Passive movement to low back

provoked nerve pain which caused freezing up with pain lasting 10 minutes. Range of motion was increased with distraction. Current medications are listed as Celebrex, Norco, Flexeril, Gabapentin, Docusate Voltaren gel and Omeprazole. Treatment plan consists of continuing with current medications regimen, hinged knee brace, walker, back brace, urine drug screening, physical therapy with aquatic therapy, spine consultation/treatment and the current request for Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 500 mg, quantity of one: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Diclofenac.

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. 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. In this case there is no documentation supporting the diagnosis of osteoarthritis. Voltaren gel is not indicated. The request is not medically necessary.