

Case Number:	CM15-0093636		
Date Assigned:	07/20/2015	Date of Injury:	04/25/2002
Decision Date:	08/20/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/14/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male who reported an industrial injury on 4/25/2002. His diagnoses, and or impression, were noted to include: lumbar disc displacement, disc rupture and radiculopathy; and cervical and thoracic spine sprain/strain with disc bulges and neck, upper and lower-back pain. No current imaging studies were noted. His treatments were noted to include: an agreed medical examination in 2010, with re-evaluations; lumbar epidural steroid injections; a home exercise program; medication management with toxicology screenings; and rest from work. The progress notes of 3/19/2015 were hand written and difficult to read, but were noted to report complaints which included severe low back pain, and a negative urine toxicology screening. The physician's requests for treatments were noted to include the continuation of Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: 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 analgesic Page(s): 111-113.

Decision rationale: Based on the 03/19/15 progress report provided by treating physician, the patient presents with low back pain rated 8/10. The patient is status post L4-5 decompression surgery 10/14/14. The request is for VOLTAREN GEL 1%. Patient's diagnosis per Request for Authorization form dated 03/19/15 includes cervical and thoracic spine disc bulges, and lumbar spine disc rupture. Per 10/07/14 report, the patient has an antalgic gait, and physical examination to the lumbar spine revealed tenderness noted to midline and left region. Range of motion was decreased on all planes, especially on left rotation 5 degrees. Treatment to date has included imaging studies, lumbar ESI at L4-5 on 03/19/15, UDS's, home exercise program, and medications. Patient's medications include Tramadol and Voltaren gel. Patient's work status not available. Treatment reports provided from 03/24/10 - 03/24/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Voltaren gel was included in patient's medications, per progress report dated 03/19/15. It is not known when Voltaren gel was initiated. In this case, there are no discussions regarding location that will be treated, nor medication efficacy. The patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID topical would be indicated. NSAID topical is not indicated for low back or shoulder conditions. This request is not in accordance with MTUS indications. Therefore, the request IS NOT medically necessary.