

Case Number:	CM15-0094217		
Date Assigned:	05/20/2015	Date of Injury:	06/09/2011
Decision Date:	07/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/15/2015

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 50 year old male sustained an industrial injury to the back on 6/9/11. Previous treatment included magnetic resonance imaging, acupuncture, chiropractic therapy, medical branch blocks, lumbar radiofrequency ablation, lumbar medial branch neurotomy, h-wave and medications. In a progress note dated 4/17/15, the injured worker complained of low back pain rated 5/10 on the visual analog scale. The injured worker reported that he had started yoga and noted that it was very helpful. The injured worker reported that his pain had increased since his last visit. Physical exam was remarkable for loss of normal lumbar lordosis with tenderness to palpation to the paraspinal musculature associated with tightness and trigger points. Straight leg raise test was negative. The injured worker walked with an antalgic gait. The injured worker appeared fatigued and in moderate pain. The injured worker reported that medications reduced pain by 10%. Current diagnoses included low back pain and lumbar disc disorder. The treatment plan included continuing H-wave therapy and continuing medications (Voltaren Gel, Bengay ultra strength cream, Lidoderm patch, Flexeril and Skelaxin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment for this chronic injury. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Recent report noted chronic pain symptoms with unchanged activity level. Clinical exam is without acute changes or report of flare-up for this chronic injury. The Voltaren Gel 1% Qty 1 is not medically necessary and appropriate.