

Case Number:	CM15-0094554		
Date Assigned:	05/20/2015	Date of Injury:	06/18/2001
Decision Date:	07/24/2015	UR Denial Date:	05/08/2015
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: 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 78 year old female who sustained an industrial injury on 6/18/01. She had complaints of lower back pain. Progress note dated 4/13/15 reports that low back and hip pain has increased significantly since the last exam after a fall injuring her head and pelvis. She has complaints of lower back pain, primarily on the right side, radiating to her right groin; pain level reported as 6/10. The pain is described as continuous aching, sharp, and shooting. The pain is aggravated by walking, standing, and sitting for long periods of time and is alleviated by rest. Diagnoses include spasm of muscle, degeneration of lumbar or lumbosacral intervertebral disc, postlaminectomy syndrome lumbar region, lumbago and thoracic or lumbosacral neuritis or radiculitis unspecified. Plan of care includes: continue to follow up with internist to monitor kidney function, prescription for tramadol and voltaren gel given, continue with gentle stretching as tolerated. Return for follow up appointment in 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription 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 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 had renal issues and oral NSAIDs were discontinued. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. There are diminishing effects after 2 weeks. Based on the above, the Voltaren gel is not medically necessary.