

Case Number:	CM13-0001605		
Date Assigned:	05/02/2014	Date of Injury:	08/06/2003
Decision Date:	06/10/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/16/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old injured worker who was injured on 8/6/2003. The diagnoses listed are low back pain, lumbar sprain, tarsal tunnel syndrome and right peroneal nerve neuropathy. On 6/20/2013, [REDACTED] documented subjective complaints of 8/10 burning low back pain radiating to the right lower extremity. The medications listed are Vicodin and topical Voltaren which provides effective pain relief resulting in increased physical function and activities. The use of oral NSAIDs such as Naprosyn and ibuprofen resulted in good pain relief but was discontinued because of gastrointestinal side effects that did not respond to prophylactic medications. The patient has completed physical therapy, chiropractic treatments, home exercise and interventional pain injections. A Utilization review decision was rendered on 7/5/2013 recommending non certification of Voltaren 1% 100g.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% 100G: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Musculoskeletal Pain, Page(s): 67-73, 111-113..

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAID medications can lead to cardiovascular, renal and gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during acute injury and exacerbations of musculoskeletal pain. The topical NSAIDs preparations are not as effective as oral formulations. It is recommended that the use of topical NSAIDs be limited to patients who cannot tolerate oral NSAID formulations. This patient had a history of significant gastrointestinal side effects with oral NSAIDs that did not respond to prophylactic measures including medications. The patient has met the MTUS criteria for intermittent use of topical Voltaren 1% 100g. The request for Voltaren 1% is medically necessary and appropriate.