

Case Number:	CM13-0043029		
Date Assigned:	12/27/2013	Date of Injury:	07/08/2011
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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 physician 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 40-year-old male who reported an injury on 07/08/2011, due to a fall of approximately 15 feet. The patient was initially treated for a splenic laceration, a grade 3 concussion, lung contusion, and rib fracture. The patient ultimately developed chronic pain that was managed by medications. The patient's most recent clinical examination revealed that the patient's pain is reduced from a 9/10 to a 6/10 with medication usage. The patient's medication schedule included Voltaren XR 100 mg tablets, 1 twice a day as needed; Effexor XR 75 mg, 1 daily; gabapentin 300 mg, 1 every 8 hours; hydrocodone/APAP 10/325 mg, 1 every 6 hours; meclizine 25 mg, 1 tab 3 times a day; and Xanax 1 mg, 1 twice daily. The patient's diagnoses included lumbar radiculopathy, cervical paraspinal trigger points, cervicgia, greater occipital neuralgia, and traumatic brain injury. The patient's treatment plan included an MRI of the brain and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 71.

Decision rationale: The requested Voltaren XR 100 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient does receive pain relief from the prescribed medication schedule. However, the California Medical Treatment Utilization Schedule recommends this medication as a maintenance drug, not to exceed a dosage of 100 mg per day. The clinical documentation submitted for review does provide evidence that the patient was prescribed a dosage to exceed this recommendation. Therefore, continued use is not supported. As such, the requested Voltaren XR 100 mg #60 is not medically necessary or appropriate.