

Case Number:	CM14-0181316		
Date Assigned:	11/06/2014	Date of Injury:	11/18/1999
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in North Carolina. 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 injured worker is a 52-year-old female who reported an injury on 11/18/1999. The mechanism of injury was not submitted for clinical review. The diagnoses included post laminectomy syndrome, lumbar spine radiculitis, status post intrathecal pump implant, and sleep apnea. The previous treatments included epidural injection on 12/02/2013, medication, and surgery. Within the clinical note dated 08/21/2014 it was reported the injured worker complained of pain rated 3/10 in severity. She complains of constant right hip pain and leg pain. She reported the pain increases with activity. The injured worker complains of increased throbbing and spasms in the bilateral legs. Upon the physical examination, the provider noted the lumbar range of motion was noted to be flexion at 0 degrees, extension at 5 degrees. The provider requested Voltaren. However, a rationale was not submitted for clinical review. The request for authorization was submitted on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 medication review for Voltaren 75mg #60, as an outpatient for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for 1 medication review for Voltaren 75mg #60, as an outpatient for low back pain is not medically necessary. The California MTUS Guidelines recommend non-steroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the guidelines recommend the medication to be used for the shortest period of time and the injured worker has been utilizing the medication for an extended period of time. Therefore, the request is not medically necessary.