

Case Number:	CM14-0182377		
Date Assigned:	11/07/2014	Date of Injury:	03/16/2012
Decision Date:	12/12/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 60 year old with an injury date on 3/16/12. The patient complains of low lumbar pain, radiating into bilateral lower extremities per 9/19/14 report. The patient indicates that her symptoms have not resolve, and there is weakness about the bilateral lower extremities with difficulty walking per 9/19/14 report. Based on the 9/19/14 progress report provided by [REDACTED] the diagnosis is lumbar spine and disc herniation at multiple levels. Exam on 9/19/14 showed "Lumbar spine range of motion slightly diminished, by 5 degrees in all planes except full flexion (60/60)." The patient's treatment history includes medications and injections (Toradol, Vitamin B, Depo Medrol, Dexamethasone). [REDACTED] is requesting Voltaren ER 100mg #30. The utilization review determination being challenged is dated 10/15/14 and denies request due to no documentation of failed trial of other drugs in "N drug" category of Official Disability Guidelines formulary. [REDACTED] is the requesting provider, and he provided treatment reports from 4/25/14 to 10/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, Specific.

Decision rationale: This patient presents with lower back pain and pain in lower extremities. The provider has asked for Voltaren ER 100mg #30 on 9/19/14. Review of records does not indicate patient has been taking Voltaren, but 2 prescriptions for Celebrex were written in 4/25/14 and 8/15/14 report. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been given 2 prescriptions for Celebrex but on 9/19/14 report, the provider is switching NSAIDs to Voltaren. Regarding medications for chronic pain, MTUS pg. 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The requested trial for Voltaren ER 100mg #30 appears reasonable for patient's ongoing chronic back pain. Therefore, this request is medically necessary.