

Case Number:	CM14-0032590		
Date Assigned:	06/20/2014	Date of Injury:	03/19/2004
Decision Date:	08/07/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehabilitation 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 injured worker is a 60-year-old female who reported an injury on 03/19/2004. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments included medications, physical therapy, and home exercise. The injured worker's diagnosis was noted to be left knee patellofemoral arthrosis. The injured worker had a clinical evaluation on 11/15/2013. She had complaints of left shoulder pain, low back pain, and bilateral knee pain. The physical examination noted no pain with range of motion of the cervical spine. There was pain with range of motion to the shoulders, especially at the extreme forward flexion, abduction, and internal rotation of the left shoulder. There was pain at the extreme extension, adduction, and external rotation of the left shoulder. The injured worker complained of pain with range of motion of the lumbosacral spine, especially with extreme forward flexion and extension. There was pain with right and left lateral bending. There was pain to patellofemoral palpation on the left knee and crepitus bilaterally. There was medial and lateral sided tenderness to palpation over the right and left knees. The recommendations included injections of Xylocaine and steroids once a year for the left shoulder and right knee, physical therapy for the lumbosacral spine and left knee. The provider's rationale for the request was not provided within the documentation. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: VOLTAREN 75MG 1 TAB BID #60 LUMBAR SPINE, LEFT SHOULDER, KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Recommendations Page(s): 67-73.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose for the shortest period for moderate to severe pain. There is no evidence to recommend one class of NSAID over another based on efficacy. The main concern of selection is based on adverse effects. There is no evidence of long-term effectiveness for pain or function. The pain assessment did not provide any efficacy with use of Voltaren. Side effects are not addressed in the documentation. A plan for short term use was not indicated. Therefore, the request for retro: Voltaren 75 mg for the lumbar spine, left shoulder, and knee is not medically necessary.