

Case Number:	CM14-0039837		
Date Assigned:	06/27/2014	Date of Injury:	10/25/2007
Decision Date:	08/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Geriatrics and is licensed to practice in New York. 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 48 year old man with a date of injury of 10/25/07. He underwent electrodiagnostic studies on 2/6/14 suggestive of moderate to severe acute on chronic left L5 and S1 radiculopathy and mild sensory peripheral neuropathy involving the bilateral lower extremities. He completed a course of physical therapy on 2/12/14 and was said to be 80% improved since initiation of therapy. He was discharged to a home exercise program. He was seen by his physician on 1/3/14 with complaints of lower back pain and left leg numbness. His current medications included methadone, pamelor, protonix and voltaren. The voltaren XR provided pain relief and less inflammation but he had side effects of GI irritation and heartburn for which he was prescribed protonix. His lumbar spine exam showed limited flexion and extension by 50% and moderate spasm and tenderness along the spine with positive straight leg raise on the left. He had moderate quadriceps muscle atrophy noted. He had decreased sensation along the L4 and L5 root distribution. His diagnoses included postlaminectomy syndrome of the lumbar region, lumbar radiculopathy and lumbar facetogenic and discogenic pain. At issue in this review is the refill of voltaren XR.

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 Page 66-73 Page(s): 66-73.

Decision rationale: This 48 year old injured worker has chronic back pain with limitations in range of motion noted on physical examination. His medical course has included numerous diagnostic and treatment modalities including surgery and ongoing use of several medications including narcotics and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify ongoing / long-term use. He also is having side effects from the medication and is receiving opiod analgesics for pain. The medical necessity of voltaren is not substantiated in the medical records.