

Case Number:	CM14-0053785		
Date Assigned:	07/07/2014	Date of Injury:	07/12/2013
Decision Date:	09/03/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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 Nevada. 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 records presented for review indicate that this 43 year-old individual was reportedly injured on 7/12/2013. The mechanism of injury is noted as a lifting injury. The most recent progress note, dated 6/23/2014, indicates that there are ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated lumbar spine: limited range of motion with pain. Positive tenderness to palpation lumbar spine, paraspinal muscles, motor and sensory tests within normal limits. Positive straight leg raise test at 70 degrees bilaterally sitting as well as supine. Positive bilateral Faber and Fadir Test. No recent diagnostic studies are available for review. Previous treatment includes medication, and conservative treatment. A request had been made for Voltaren gel 1%, Ibuprofen, Colace and was not certified in the pre-authorization process on 4/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 112.

Decision rationale: Voltaren gel is a topical NSAID indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis, there's no other clinical indication for the use of this medication. There is no documentation of osteoarthritis in the clinical notes provided. As such, the request is considered not medically necessary.

Ibuprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Ibuprofen is a nonselective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the claimant's diagnosis, signs and symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. After review of the medical documentation provided, the injured worker will benefit by the use of this medication. However, the current recommendation does not state a dosage or frequency for the medication to be taken. Therefore lacking pertinent documentation, this request is deemed not medically necessary.

Colace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: MTUS guidelines support the use of stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over the counter product without a prescription. This request is not considered medically necessary.