

Case Number:	CM14-0057593		
Date Assigned:	07/09/2014	Date of Injury:	03/19/2013
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 31-year-old male with a March 19, 2013 date of injury. At the time of the request for authorization for Voltaren 100mg ER QD Quantity 30, refill 1 (on March 27, 2014), there is documentation of subjective (pain in the neck, posterior occipital spasm with prolonged positioning) and objective (none specified) findings, current diagnoses (cervical spine sprain strain with C3-4 stenosis and thoracic sprain/strain), and treatment to date (medication including Effexor, quetiapine, and temazepam).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg ER, thirty count with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of

cervical spine sprain strain with C3-4 stenosis and thoracic sprain/strain. In addition, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Voltaren 100mg ER, thirty count with one refill, is medically necessary and appropriate.