

<b>Case Number:</b>	CM14-0077507		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/08/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 41-year-old female with an 8/8/13 date of injury. At the time (4/17/14) of request for authorization for Voltaren ER 100mg #60 1 PO BID, no refills, there is documentation of subjective complaints of pain of the right knee and foot. Objective findings include antalgic gait, tenderness over the lateral joint line of the right knee and metatarsal of the right foot, spasm in the right lateral joint line of the right knee, and 140 degree flexion of the right knee and plantar flexion. The current diagnoses include lumbar sprain, leg and knee sprains/strains, and brachial neuritis. Treatment to date is medication, including ongoing treatment with Voltaren. There is no documentation of acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren ER 100mg #60 1 PO BID, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): Pages 67-6.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS 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 non-steroidal anti-inflammatory drugs (NSAIDs). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain, leg and knee sprains/strains, and brachial neuritis. In addition, there is documentation of ongoing treatment with Voltaren. However, given documentation of injury on 8/8/13 date, there is no documentation of acute low back pain, chronic low back pain, or exacerbations of chronic pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date. Therefore, based on guidelines and a review of the evidence, the request for Voltaren ER 100mg #60 1 PO BID, no refills is not medically necessary.