

Case Number:	CM14-0085775		
Date Assigned:	07/23/2014	Date of Injury:	05/02/2013
Decision Date:	10/24/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Internal Medicine 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 patient is an injured worker with the diagnosis of lumbar spine musculoligamentous sprain and strain. Regarding the mechanism of injury, the patient sustained an injury when the patient stepped onto a plastic mat and slid. The patient's right extremity went forward and the back tilted. Date of injury was 05-02-2013. Primary treating physician's supplemental report dated 4/3/14 documented that the patient complained of low back pain with radiation to the bilateral lower extremities down to the calf level. There were increased symptoms following prolonged sitting or standing. The patient noted difficulty sleeping secondary to the orthopedic complaints. On examination, the patient had tenderness over the bilateral paraspinal musculature with spasm. Range of motion of the lumbar spine was decreased in all planes. Flexion was 43/60 degrees. Extension was 8/25 degrees. Right lateral flexion was 12/25 degrees. Left lateral flexion was 14/25 degrees. Straight leg raise testing resulted in mild increase in bilateral lower extremity radicular complaints with numbness and tingling. It was noted that extension markedly increased the patient's low back pain and radiation of pain in the posterior leg. The patient was diagnosed with lumbar spine musculoligamentous sprain and strain with sacral coccygodynia. The patient received six sessions of physical therapy which provided some relief and the patient was able to continue to work. Utilization review determination date was 5/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SELECTIVE NSAID'S Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document the long-term use of NSAID medications, which is not recommended by MTUS guidelines. No laboratory tests were present in the medical records. No blood pressure measurements were present in the medical records. MTUS guidelines recommend monitoring of blood pressure and laboratory tests for patients prescribed NSAIDs. MTUS guidelines and medical records do not support the use of the NSAID Voltaren. Therefore, the request for Voltaren XR 100mg #30 is not medically necessary.