

Case Number:	CM13-0066835		
Date Assigned:	01/03/2014	Date of Injury:	08/01/2007
Decision Date:	04/13/2015	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old [REDACTED] employee who has filed a claim for chronic foot pain reportedly associated with an industrial injury of August 12, 2007. In a Utilization Review Report dated December 10, 2013, the claims administrator failed to approve a request for extended release Voltaren. The claims administrator referenced a November 12, 2013 progress note in its determination. The applicant's attorney subsequently appealed. On November 22, 2013, the applicant reported bilateral foot and ankle pain, highly variable, 5-9/10, exacerbated by weight bearing. The applicant had employed Voltaren, Celebrex, and Clinoril in the past. The applicant had also received extracorporeal shockwave therapy. The applicant was given prescriptions for Voltaren and a Medrol Dosepak. New orthotics were proposed. It appeared that the request for Voltaren was a renewal request, while Medrol was a new introduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR SODIUM 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider framed the November 22, 2013 prescription for Voltaren as a renewal request for the same. No discussion of medication efficacy transpired. The attending providers commentary to the effect that the applicant continued to report pain complaints as high as 9/10 suggested that ongoing usage of Voltaren was not altogether effective. The attending provider likewise failed to discuss the applicants work and/or functional status. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.