

Case Number:	CM14-0184502		
Date Assigned:	11/12/2014	Date of Injury:	11/11/2009
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 11, 2009. In a Utilization Review Report dated October 27, 2014, the claims administrator failed to approve a request for oral Voltaren. The claims administrator stated that its decision was based on an October 13, 2014 progress note. In a psychiatric medical-legal evaluation dated October 14, 2014, it was acknowledged that the applicant was not working owing to ongoing issues with major depressive disorder (MDD) with resultant global assessment of functioning (GAF) of 53. On October 13, 2014, the applicant presented with multifocal pain complaints, including neck pain, wrist pain, and low back pain. The applicant was status post a cervical fusion surgery and status post a carpal tunnel release surgery. 8-9/10 pain complaints were appreciated. The applicant also reported ancillary complaints of anxiety, depression, stress, and insomnia. The applicant was currently using Naprosyn, it was stated in one section of the note. Oral Voltaren, Ultracet, and a flurbiprofen-containing topical compound were endorsed while the applicant was kept off of work, on total temporary disability. It was not stated whether Voltaren was being prescribed to replace Naprosyn or to be used in conjunction with Naprosyn.

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 NSAIDs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Anti-inflammatory Medication.

Decision rationale: 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 low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider must incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. Here, however, the requesting provider did not clearly state whether Voltaren was intended to take the place of another anti-inflammatory medication which the applicant was described as taking, Naprosyn, or whether he intended for the applicant to employ the two anti-inflammatory medications together, making it difficult to support the request for Voltaren as written. Therefore, the request is not medically necessary.