MAXIMUS Federal Services

Case Number:	CM14-0198468		
Date Assigned:	12/08/2014	Date of Injury:	08/22/2003
Decision Date:	02/10/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/25/2014

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 low back pain reportedly associated with an industrial injury of August 22, 2003.In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for oral Voltaren. The claims administrator referenced non-MTUS ODG Guidelines in favor of MTUS Guidelines and seemingly gave precedence to the former. Progress notes and RFA forms of November 12, 2014 and October 1, 2014 were also referenced.In a February 20, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery. Norco, Neurontin, Colace, Prilosec, Lidoderm patches, and a topical ketoprofen-capsaicin cream were endorsed while the applicant was placed off of work, on total temporary disability. A TENS unit and trigger point injection therapy were also sought.On April 17, 2014, the applicant was again placed off of work, on total temporary disability while Norco, Neurontin, Colace, Prilosec, Lidoderm patches, and Voltaren gel and ketoprofen-capsaicin cream were endorsed.On July 17, 2014, the applicant again reported heightened complaints of pain. The applicant was having difficulty getting out of bed. The applicant was again placed off of work, on total temporary disability, while Norco, Neurontin, Colace, Prilosec, Lidoderm patches, and oral Voltaren were endorsed.Multiple medications, including Voltaren, were sought via an RFA form on November 7, 2014. In a progress note dated October 1, 2014, the applicant was again placed off of work, on total temporary disability, while multiple medications, including Voltaren, Lidoderm patches, Norco, Neurontin, Colace, Prilosec, ketoprofen-capsaicin cream, a TENS unit, a lumbar support, and motorized wheelchair were all endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren tab 75mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications. Functional Restoration Approach to Chronic Pain Management Page(s.

Decision rationale: The request for oral 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 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 should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Ongoing usage of oral Voltaren has failed to curtail the applicant's dependence on opioid agents such as Norco and/or topical compounds such as a ketoprofen-capsaicin compound. The applicant is having difficulty performing activities of daily living as basic as standing and walking and was, as of October 2014, apparently currently using a wheelchair. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren. Therefore, the request is not medically necessary.