

Case Number:	CM14-0198680		
Date Assigned:	12/09/2014	Date of Injury:	04/14/1989
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/26/2014

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, has a subspecialty in Hematology Oncology and is licensed to practice in New York. 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 injured worker is a 71-year-old male who reported an injury on 04/14/1989. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical spondylosis, status post right knee arthroscopy, tricompartmental arthropathy of the right knee, and lumbar discogenic pain. The treatment consists of surgery, physical therapy, and medication therapy. Medications consist of Voltaren 75 mg, Prilosec, and Ultram 50 mg. On 09/11/2014, the injured worker complained of low back pain. Physical examination of the lumbar spine revealed tenderness in the lower lumbar paravertebral musculature. Forward flexion was 50 degrees, extension was 10 degrees, and lateral bending was 30 degrees. Sitting straight leg raise examination was negative bilaterally. Medical treatment plan was for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, 1 bid #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 70.

Decision rationale: The request for Voltaren 75 mg 1 tablet 2 times a day with a quantity of 60 and 2 refills is not medically necessary. California MTUS Guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The submitted documentation indicates the injured worker had been on Voltaren since at least 06/12/2014, exceeding the recommended guidelines for short term use. Additionally, the efficacy of the medication was not submitted for review, warranting the continuation of medication. Furthermore, the request as submitted is for Voltaren 75 mg, one 2 times a day with a quantity of 60 with 2 refills, also exceeds the recommended guideline criteria for short term use. Given the above, the injured worker is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.