MAXIMUS Federal Services

Case Number:	CM14-0200067		
Date Assigned:	12/10/2014	Date of Injury:	02/08/2010
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 ankle pain reportedly associated with an industrial injury of February 8, 2010.In a utilization review report dated November 11, 2014, the claims administrator failed to approve a request for oral Voltaren while apparently approving a request for Norco. The claims administrator referenced an October 24, 2014 progress note and associated RFA form in its determination.The applicant's attorney subsequently appealed.In an Agreed Medical Evaluation (AME) dated October 25, 2014, the applicant was apparently using a variety of psychotropic medications, including Ativan, Lexapro, and Zoloft. Complaints of headaches, foot pain, sleep disturbance, and depression were evident. The applicant was currently off work, it was acknowledged, and apparently had been off work since 2011.In a handwritten progress note dated October 24, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of ankle pain with derivative complaints of headaches, psychological stress, and anxiety. The applicant had issues with ankle arthritis. The applicant was placed off work, on total temporary disability. The applicant was not working, it was acknowledged. 5-7/10 pain with medications versus 7-9/10 pain without medications was reported. The note was extremely difficult to follow, not entirely legible in some sections, and comprised largely of preprinted check boxes with little to no narrative commentary. Ultimately, both Voltaren and Norco were renewed.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac/Voltaren; Functional Restoration Approach to Chronic Pain Management Page(s): 71; 7.

Decision rationale: While page 71 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that oral Voltaren is indicated in the treatment of arthritis, as is present here in the form of the applicant's ankle arthritis, 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 is off work. The applicant has not worked since 2011, the medical-legal evaluator suggested. Ongoing usage of Voltaren has failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider did state in a highly templated fashion on October 24, 2014 that the applicant's pain scores were reduced with ongoing medication consumption, these comments were not associated with any narrative commentary and are outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or tangible improvements in function achieved as a result of ongoing Voltaren usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Voltaren. Therefore, the request was not medically necessary.