

Case Number:	CM14-0205394		
Date Assigned:	12/17/2014	Date of Injury:	12/12/2009
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old female who has submitted a claim for lumbar spine failed back surgery with bulging disks, lumbar spine myofascial pain with trigger points, depression, and right hip dysplasia associated with an industrial injury date of December 12, 2009. Medical records from 2011 to 2014 were reviewed. The patient complained of persistent right hip pain aggravated upon internal rotation. She also complained of low back pain radiating to the right lower extremity associated with stiffness and weakness. Physical examination showed positive straight leg raise test on the right with painful hip motion towards internal and external rotation. The x-ray of the right hip showed no narrowing of the joint space. The MRI of the hip (undated) showed dysplasia. The MRI of the lumbar spine from June 2014 showed status post posterior transpedicular screw and rod fixation. Treatment to date has included lumbar fusion, chiropractic care, physical therapy, acupuncture, cognitive behavioral therapy, corticosteroid injection, and medications such as tramadol, duloxetine, methocarbamol, and Voltaren (since September 2014). The utilization review from November 13, 2014 denied the request for Voltaren 100 mg, #60 because it is not recommended as a first line treatment due to its possible side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been on Voltaren since September 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Voltaren 100 mg #60 is not medically necessary.