

Case Number:	CM14-0078122		
Date Assigned:	07/18/2014	Date of Injury:	02/05/2013
Decision Date:	03/27/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 35-year-old female sustained an industrial injury on 2/5/13, with subsequent ongoing back pain. Magnetic resonance imaging lumbar spine (4/3/13) showed a small left paracentral disc protrusion at L5-S1 without significant disc protrusion. Treatment included medications, chiropractic therapy, physical therapy, and cold packs. In the most recent PR-2 dated 4/21/14, the injured worker complained of pain to the mid and low back as well as bilateral upper leg pain with numbness. The injured worker rated his pain 7/10 on the visual analog scale. Current diagnoses included L5-S1 disc protrusion with left lower extremity radiculopathy and facet joint pain. The treatment plan included refilling medications (Norco and Voltaren) and awaiting authorization for a lumbar spine epidural steroid injection. On 5/22/14, Utilization Review noncertified a request for Voltaren 100mg, qty 30, refills x2 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg, qty 30, refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic radiating low back pain. Only Voltaren-XR should be used as chronic maintenance therapy. Dosing of Voltaren-XR is 100 mg PO once daily for chronic maintenance therapy. In this case, the Voltaren as prescribed is not consistent with guidelines recommendations and therefore not medically necessary.