MAXIMUS Federal Services

Case Number:	CM15-0004145		
Date Assigned:	01/15/2015	Date of Injury:	04/11/2010
Decision Date:	03/19/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female who reported an injury on 04/11/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of myofascial pain syndrome, lumbar radiculopathy, and lumbar sprain. Past medical treatment consists of medication therapy, trigger point injections and lumbar epidural steroid injections. Medications include omeprazole 20 mg, Flexeril 7.5 mg, Voltaren XR 100 mg, and Menthoderm gel. No UAs or drug screens were submitted for review. On 12/12/2014, the patient continued to have pain in the lumbar spine with some numbness of the bilateral legs that improved with a lumbar epidural steroid injection given on 11/14/2014. The injured worker also complained of numbness in the arms. The physical examination noted a positive bilateral straight leg raise. There was positive range of motion of the back by 10% in all planes. There were positive trigger points with spasm. The medical treatment plan was for the injured worker to continue with medication therapy. A rationale was not submitted for review. A Request for Authorization form was submitted on 12/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren, Voltaren-XR). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac, and Diclofenac Sodium (Voltaren, Voltaren-XR)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The request for Voltaren XR 100 mg is not medically necessary. The California MTUS Guidelines state that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The submitted documentation indicated that the injured worker had pain to the lumbar spine. However, there were no pain levels documented via VAS. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated in the report that the Voltaren XR was helping with any functional deficits or inflammation the injured worker was having. Furthermore, the submitted documentation indicated that the injured worker had been on the medication since at least 12/2014, exceeding the guidelines' recommendations for short term use. Given the lack of submitted documentation and that there were no other significant factors provided to justify use outside of current guidelines, the request would not be indicated. As such, the request is not medically necessary.