

Case Number:	CM15-0009216		
Date Assigned:	01/27/2015	Date of Injury:	09/23/2012
Decision Date:	03/18/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 42-year-old who has filed a claim for chronic neck, low back, shoulder, hip, and thigh pain with derivative complaints of psychological stress reportedly associated with an industrial injury of September 23, 2012. In a Utilization Review Report dated December 30, 2014, the claims administrator failed to approve a request for Voltaren extended release. The applicant's attorney subsequently appealed. On a urine drug test report dated October 20, 2014, it was stated that the applicant was using ibuprofen and Flexeril as of that point in time. In a December 2, 2014 psychological Medical-legal Evaluation, the applicant reported ongoing issues with chronic pain, fatigue, emotional distress, and depression. The applicant was apparently taking some course work. In an August 20, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Ambien, tramadol, and Motrin as of that point in time. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. On December 16, 2014, the applicant was again described as having multifocal complaints of neck, arm, low back, leg, knee, and shoulder pain. The applicant was using Motrin, Lidoderm, and Voltaren, it was acknowledged. The attending provider stated that the applicant was not working on the grounds that her employer was unable to accommodate her limitations. The applicant was, thus, receiving Workers' Compensation indemnity benefits, it was suggested. On November 25, 2014, the attending provider noted that the applicant had multifocal complaints of neck, arm, low back, knee, and leg pain. The applicant was apparently not working, it was suggested. The applicant's medication list included oral Motrin, topical

Lidoderm patches, and oral Voltaren. The applicant was apparently kept off of work owing to the imposition of extremely proscriptive 5-pound lifting limitation. On November 24, 2014, the applicant was once again, described as concurrently using both Motrin and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren-XR 100mg 1 Tablet by Mouth Every Day Quantity #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutic, 12th ed. McGraw Hill, 2010 Physician's Desk Reference, 68th ed., www.RxList.com, OGD Workers Compensation Drug Formulary. www.odg-twc.com/odgtwc/formulary.htm

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon an attending provider to incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider's progress notes of late 2014 did not clearly established why the applicant was concurrently using two anti-inflammatory medications, Motrin (ibuprofen) and Voltaren. No clear or compelling rationale for usage of two separate NSAIDs was set forth by the attending provider. Therefore, the request was not medically necessary.