

Case Number:	CM15-0104538		
Date Assigned:	06/08/2015	Date of Injury:	05/01/2014
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/01/2015

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 48 year old male, who sustained an industrial injury on 5/1/14. He reported pain in his lower back after lifting a heavy object. The injured worker was diagnosed as having lumbar stenosis, lumbar radiculopathy and pseudo arthritis of L5-S1. Treatment to date has included physical therapy and a lumbar myelogram. A lumbar epidural injection was authorized, but the injured worker has not received the treatment. Current medications include Voltaren (since at least 11/11/14), medical Marijuana and Percocet. On 3/10/15, the injured worker reported low back pain that radiates to the right leg. He has a positive straight leg raise test and numbness along the L3-L4 distribution. As of the PR2 dated 4/21/15, the injured worker reports ongoing pain in his back that radiates to the right leg. Objective findings include weakness in the right tibialis anterior which is 4+/5 and right quad weakness. The treating physician requested to continue Voltaren 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Voltaren 100mg, #30 is not medically necessary and appropriate.