

<b>Case Number:</b>	CM15-0105617		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/16/2006
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on May 16, 2006, incurring a left foot crush injury and low back injuries. In June, 2006, the injured worker underwent a surgical debridement of the left foot. In September, 2014, he underwent decompression of the peroneal and plantar nerves. He also underwent a transmetatarsal amputation of the left foot. He was diagnosed with a lumbar spine strain, left foot crushing injury and left foot reflex sympathy dystrophy. Treatment included pain medications, anti-inflammatory drugs, orthopedic shoes, bracing, physical therapy, surgical interventions and work restrictions. Currently, the injured worker complained of lumbar spine pain, at rest and increased with activities, radiating into the lower extremities with numbness and tingling in the left foot. He complained of increased pain with prolonged walking and bending and persistent depression. The treatment plan that was requested for authorization included a prescription of Voltaren.

### 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 non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version).

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs (for over 6 months as well as opioids without consistent documentation of pain scores. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Voltaren is not medically necessary.