

<b>Case Number:</b>	CM15-0010668		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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, Arizona

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 43-year-old male who reported an injury on 06/11/2011. The mechanism of injury involved a fall. The current diagnosis is intervertebral disc degeneration with lumbar herniation and radiculopathy. The injured worker presented on 12/10/2014 for a follow-up evaluation with complaints of moderate, frequent low back pain. The injured worker also reported difficulty stooping secondary to low back pain. Previous conservative treatment included chiropractic therapy and medication management. Upon examination of the lumbar spine, there was normal lumbar lordosis without scoliosis; moderate tenderness to palpation; 2+ paravertebral muscle spasm; positive straight leg raise on the right at 15 degrees; positive cross straight leg raise on the left at 30 degrees; and diminished lumbar range of motion with 20 degrees flexion, 10 degrees extension, 10 degrees right lateral bending, and 20 degrees left lateral bending. There was 4/5 motor weakness in the right lower extremity, diminished Achilles reflex on the right, and diminished sensation in the right lower extremity. The injured worker had an altered gait with a limp on the right. Recommendations included continuation of Voltaren 100 mg, Sonata 10 mg, and tramadol ER 150 mg. Lumbar spine x-rays were also recommended. The injured worker was referred for a course of chiropractic therapy twice per week for 3 weeks. The Request for Authorization form was then submitted on 12/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sonata 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** The Official Disability Guidelines state insomnia treatment is recommended based on etiology. Sonata reduces sleep latency. In this case, the injured worker does not maintain a diagnosis of insomnia disorder. There was also no frequency listed in the request. The medical necessity for the requested medication has not been established. Given the above, the request is not medically appropriate.

**Voltaren 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it is noted that the injured worker has continuously utilized Voltaren 100 mg for an unknown duration. There was no evidence of objective functional improvement. The guidelines would not support long term use of NSAIDs. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.