

Case Number:	CM15-0021337		
Date Assigned:	02/10/2015	Date of Injury:	04/07/2003
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/04/2015

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 67 year old male who sustained an industrial injury on 4/7/03 resulting in a foot fracture. Currently he is experiencing ongoing right foot and right second toe pain. Certain aspects of his activities of daily living are impacted such as prolonged standing, walking and carrying heavy objects. Medications include Voltaren and compounded cream. Diagnoses include status post open reduction internal fixation, 2nd metatarsal fracture. Treatments to date include medications and shoe orthotics. Progress note dated 10/30 14 indicates functional improvement and pain reduction from 8/10 to 4/10 with use of Voltaren and topical cream. On 7/29/14 the treating provider indicates that the injured worker has intermittent pain and swelling from the fracture and requires Voltaren and compounded cream for relief. On 1/15/15 Utilization Review non-certified the request for Voltaren 75 mg # 60 citing MTUS: Chronic pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg # 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
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 a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had been on Voltaren for at least 6 months. There was no indication of Tylenol failure. There is no indication of active inflammation that would require an anti-inflammatory. The claimant had also been using a topical analgesics. The therapeutic benefit from an NSAID orally alone cannot be determined. In addition the topical analgesics contained an NSAID which can have similar systemic absorption as an oral medication. Continued use of Voltaren is not medically necessary.