

Case Number:	CM15-0046810		
Date Assigned:	03/18/2015	Date of Injury:	09/09/2013
Decision Date:	05/01/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/12/2015

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 63 year old female who sustained an industrial injury on 09/09/2013. Current diagnoses include cervical radiculitis with multilevel degenerative disc disease, lumbar radiculopathy with multilevel degenerative disc disease, and bilateral trochanteric bursitis. Previous treatments included medication management, chiropractic therapy, ice/heat, and physical therapy. Diagnostic studies included EMG/NCS of the bilateral lower extremities on 11/20/2014, MRI of the left shoulder on 09/16/2014, MRI of the cervical spine dated 11/22/2013, and EMG/NCS of the bilateral upper extremities on 09/18/2014. Report dated 01/09/2015 noted that the injured worker presented with complaints that included neck and low back. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continue use of lumbar support orthotic, dispensed Voltaren, Protonix, Ultram ER, and Flexeril, medication prescribed included Flector patches, and request for physical therapy and muscle stim unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg, #30, (dispensed 01/19/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th edition, (web), 2015, Pain- Diclofenac Sodium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Per the 01/19/15 report the patient presents with substantial neck and lower back pain. The current request is for VOLTAREN 100mg #30, DISPENSED 01/19/15. The RFA included is dated 01/19/15. The 02/21/15 utilization review modified this request from #30 to #20. The patient is able to continue work with no specified restrictions or limitations. MTUS Anti-inflammatory medications page 22 state, 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. The treatment plan of 01/19/15 states that this medication is prescribed for inflammatory disorders and non-tolerance to other NSAID medication. Other medications include, Naproxen Sodium, Protonix, Tramadol, Flexeril and Flector patches. The report does not explain why another NSAID is prescribed. Voltaren/Diclofenac, an NSAID is indicated for this patient's pain. The reports provided for review do not state how long the patient has been prescribed this medication. It is listed on the 12/14/14 and 01/19/15 reports. The treating physician states that the patient receives a modest degree of symptom attenuation with the use of dispensed medications, which include the currently requested Voltaren. In this case, the request IS medically necessary.