

Case Number:	CM15-0080593		
Date Assigned:	05/01/2015	Date of Injury:	12/02/2008
Decision Date:	06/01/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/27/2015

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 47-year-old female who sustained an industrial injury on 12/2/08. She has reported initial complaints of pain in the back and down the right hip and leg after pulling a heavy comforter out of the washer. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar discogenic disease, lumbar degenerative disc disease (DDD) and radiculopathy, osteoarthritis of bilateral hips, sciatica and obesity. Treatment to date has included medications, diagnostics, and activity modifications. The diagnostic testing that was performed included chest x-ray, labs, Electrocardiogram (EKG). Currently, as per the physician progress note dated 4/3/15, the injured worker complains of intermittent back pain that radiates down the right foot with associated numbness and tingling. She states that the numbness and tingling have increased since the last visit and she has noticed decreased function in the right great toe since last visit. The physician requested treatment included Voltaren 75mg (quantity unspecified) for inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug Page(s): 67-68.

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 several months including Motrin. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In this case, the claimant had noted GI bleeding issues that were to be investigated. The amount of Voltaren to be used was also not specified. Continued use of Voltaren is not medically necessary.