

Case Number:	CM15-0088435		
Date Assigned:	05/12/2015	Date of Injury:	09/11/2009
Decision Date:	06/15/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old female, who sustained an industrial injury on 9/11/2009. She reported right lower leg pain. Diagnoses have included right lower leg contusion, Reflex Sympathetic Dystrophy lower limb, joint derangement not elsewhere classified of unspecified site, edema (bilateral) secondary complex regional pain syndrome (CRPS) and scar conditions and fibrosis of skin. Treatment to date has included chiropractic treatment, spinal cord stimulator and medication. According to the progress report dated 3/12/2015, the injured worker complained of right lower leg pain. She rated her current pain as 4/10. Her worst pain over the past week was rated 7/10. Her pain when taking medications was rated 3/10. She also reported difficulty with activities of daily living, difficulty walking/running, tingling and painful to light touch/air blowing along the right lower limb. The injured worker reported that less inflammation with the use of Voltaren. Current medications included Lyrica, Omeprazole, Zyrtec, Voltaren, Laxacin and Hydrocodone-APAP. Gait was noted to be awkward. Posture was abnormal with right sided bending of the low back. Swelling was noted at the medial, lateral lower leg. There was moderate, anterior leg muscle atrophy and tenderness along the medial lateral lower leg. Authorization was requested for Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Voltaren XR 100mg: Upheld

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

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

Decision rationale: This 58 year old female has complained of right leg pain since date of injury 9/11/09. She has been treated with chiropractic therapy, spinal cord stimulation, physical therapy and medications. The current request is for Voltaren. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 12 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Voltaren is not indicated as medically necessary in this patient.