

Case Number:	CM15-0088790		
Date Assigned:	05/13/2015	Date of Injury:	12/26/2007
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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: New Jersey, Alabama,

California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 42 year old male, who sustained an industrial injury on 12/26/2007. He has reported injury to the low back. The diagnoses have included lumbar radiculopathy; failed back surgery syndrome; lumbar degenerative disc disease; status post anterior interbody fusion L5-S1, on 11/09/2010; and status post spinal cord stimulator placement in 02/2013, followed by explantation in 2014. Treatments have included medications, diagnostics, injections, chiropractic sessions, physical therapy, spinal cord stimulator implantation, and surgical intervention. Medications have included Oxycodone HCl, Cyclobenzaprine, Prilosec, Docusate Sodium, and Voltaren. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of chronic, severe low back, groin, and bilateral lower extremity pain; increased low back pain with lower abdominal and groin pain, along with sensitivity to touch; urologic issues; pain is rated 10/10 on the pain scale without medications, and rated 6/10 with medications; today the pain is rated 8/10; and the prescribed medications are keeping him functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. Objective findings included tenderness to palpation of the lumbar paraspinals; lower back pain is elicited with lumbar flexion/extension with limited range of motion; and sciatic notch tenderness is present bilaterally. The treatment plan has included the request for Voltaren XR (extended release) 100 mg (1 tab every 24 hours by mouth), quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR (extended release) 100 mg (1 tab every 24 hr by mouth) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Voltaren XR (extended release) 100 mg (1 tab every 24 hr by mouth) Qty 60 is not medically necessary.