

Case Number:	CM14-0131920		
Date Assigned:	08/22/2014	Date of Injury:	09/25/2012
Decision Date:	09/26/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who reported injury on 09/25/2012. The mechanism of injury was not specified. The diagnoses are thoracic lumbar sprain, right wrist tendinitis and carpal tunnel syndrome and right shoulder strain/sprain. Her diagnostic testing included an MRI on 05/06/2013, but the body region tested was not legible. The clinical note from 07/28/2014 was handwritten and difficult to decipher. The legible information included the injured worker's complaint of continued lower back pain, which varies from day to day and the objective documentation showed a decrease in range of motion. Her medications included Voltaren XR 100mg, Norco, Flexeril 7.5mg and Proban 20mg. The treatment plan was to order Voltaren XR. The rationale for the request was to reduce pain and inflammation so the injured worker will be able to resume her normal activity and functional restoration. The request for authorization form was provided on 07/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71, 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Voltaren XR 100mg 1 PQ QD #30 is not medically necessary. The injured worker has a history of thoracic lumbar sprain, right wrist tendinitis and carpal tunnel syndrome and right shoulder strain/sprain. The California MTUS Guidelines to Voltaren is indicated for the relief of osteoarthritis pain in joints of the ankle, elbow, foot, hand, knee, and wrist. However, it has not been evaluated for the treatment of the spine, hip or shoulder. The injured worker was clearly noted only to have low back pain Therefore, as the guidelines do not support use of this topical medication for spinal conditions, the request is not supported. As such, the request for Voltaren XR 100mg 1 PQ QD #30 is not medically necessary.