

Case Number:	CM14-0144887		
Date Assigned:	09/12/2014	Date of Injury:	08/21/1997
Decision Date:	10/31/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 & 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 60-year-old female who reported an injury on 08/21/1997 due to an unknown mechanism. Her diagnoses were headache, TMJ, abnormal EKG, arthritis, fibromyalgia, chronic fatigue, depression, sociality, anxiety post-traumatic stress disorder, thyroid disease, and pulmonary embolism. The physical examination on 07/01/2014 revealed complaints of chronic, severe pain related to the industrial injury. The injured worker complained of pain in multiple sites. Previous treatments were nerve blocks/injections, epidural steroids, narcotic pain medication, physical therapy, TENS unit, group therapy, and a psychiatrist/psychologist. The injured worker reported increased fibromyalgia pain and stiffness with more pain that extended into her arms and hands, described as aching. She reported that her joints felt less swollen this month. The average pain without medication was reported as a 10/10 and with medications 3/10. The injured worker rated her current pain a 5/10 on the pain scale. Medications were prescribed as keeping the injured worker functional, allowing for increased mobility, and tolerance of activities of daily living and home exercises. No intolerable side effects were associated with the medications. The neurological examination revealed deep tendon reflexes in the upper and lower extremities were normal bilaterally. The examination of the cervical spine revealed tenderness to palpation of the paraspinals. The thoracic examination revealed tenderness to the paraspinals. The lumbar spine also revealed tenderness to the paraspinals. The straight leg raise was negative bilaterally. Strength was normal in the upper and lower extremities. The sensory examination for left touch revealed no evidence of sensory loss. Medications were oxymorphone, Effexor, Ambien, Klonopin, Voltaren, omeprazole, Cambia, levothyroxine, estradiol, Zocor, Phenergan, MiraLax, and vitamin D. The treatment plan was to take medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren EX 100mg 24h tablet one by mouth every day as needed #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 70.

Decision rationale: The decision for Voltaren EX 100 mg 24 hour tablet, 1 by mouth every day as needed, quantity 30 is medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In the acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. It was reported that the injured worker had increased activities of daily living and decreased pain. There was objective functional improvement reported. The clinical documentation submitted for review does provide evidence that the injured worker is getting functional improvement. Therefore, this request is medically necessary.

Cambia 50mg pack as directed #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-70.

Decision rationale: The decision for Cambia 50 mg pack as directed quantity 3 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend diclofenac as a first line treatment. Diclofenac, the equivalent of Pennsaid or Cambia, is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations for the treatment of the signs and symptoms of osteoarthritis of the knee. Diclofenac would be recommended for treatment of osteoarthritis and tendinitis of the knee, elbow, or other joints that amenable to topical treatment. The included medical documentation does not suggest objective symptoms of osteoarthritis and tendinitis. This medication is recommended for the pain relief of osteoarthritis after a failure of an oral NSAID. This medication is not giving the injured worker pain relief. The injured worker is complaining of increased pain. Continued use of this medication would not be supported. Also, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

