

Case Number:	CM14-0153716		
Date Assigned:	09/23/2014	Date of Injury:	10/16/2008
Decision Date:	11/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational 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:

This patient is a 52 year old female who developed chronic knee and low back pain subsequent to a slip and fall 10/16/08. She has been diagnosed with chronic musculoskeletal strain in the low back. Lumbar MRI studies show minimal changes with no myelopathic process or stenosis. The right knee is status post total knee replacement and the left knee is reported to qualify for a total knee replacement. A pain management specialist is prescribing oral analgesics that include both short and long half-life Opioids. The evaluating orthopedist recommended that she continue with the medications from the pain specialist and dispensed additional opioids, benzodiazepines and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER 100mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, NSAIDs (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 68.

Decision rationale: MTUS Guidelines supports a trial and potential use of NSAID medications for chronic inflammatory conditions. This patient diagnosis includes a primarily inflammatory

condition and a trial of an NSAID medication is consistent with Guidelines. The pain management physician does not document the he is prescribing NSAID medications. The Voltaren ER 100mg, #30 is medically necessary.