

Case Number:	CM15-0125615		
Date Assigned:	07/10/2015	Date of Injury:	12/15/2010
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on December 15, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having lumbar disc displacement, lumbosacral neuritis and carpal tunnel syndrome. Treatment to date has included surgery, physical therapy and medications. On May 6, 2015, the injured worker complained of constant lower back pain radiating to the bilateral legs and feet with numbness and tingling. Weakness was reported to the bilateral legs. The pain was rated as a 7-8 on a 1-10 pain scale. The treatment plan included a follow-up visit. On June 19, 2015, Utilization Review non-certified the request for Voltaren 100 mgm #60 dispensed 6/9/15, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60 dispensed 6/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury of 2010 nor have they demonstrated any functional efficacy derived from treatment already rendered. The Voltaren 100mg #60 dispensed 6/9/15 is not medically necessary and appropriate.