

<b>Case Number:</b>	CM15-0129318		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/28/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/05/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 04/28/06. Initial complaints and diagnoses are not available. Treatments to date include home exercise program, epidural steroid injection, massage, and medications. Diagnostic studies include an unspecified MRI. Current complaints include increased pain. Current diagnoses include lumbar bulging disc and low back pain. In a progress note dated 05/12/15 the treating provider reports the plan of care as medications including Voltaren and Flexeril, a New MRI, epidural steroid injection, consultation with a spine surgeon, and a trial of Duexis. The requested treatment includes Voltaren and Duexis. The medical records documents that the injured worker has been told not to take non-steroidal anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 50mg 1 tablet by mouth up to twice daily, dispense 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Voltaren along with Duexis for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Multiple prior notes indicated the claimant cannot tolerate NSAIDs and causes GI upset. There was no mention of Tylenol failure. The Voltaren is not medically necessary.

**Duexis 800/20.6mg 1 tablet by mouth up to 3 times a day as needed #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Duexis.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Duexis (containing NSAID and H2 blocker) along with another NSAID, Voltaren. Multiple prior notes indicated the claimant cannot tolerate NSAIDs and causes GI upset. There was no mention of Tylenol failure. There was no indication for use of multiple NSAID use. The Duexis is not medically necessary.