

Case Number:	CM15-0129900		
Date Assigned:	07/16/2015	Date of Injury:	08/19/2013
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 53-year-old female, with a reported date of injury of 08/19/2013. The mechanism of injury was customary duties as a janitor. The injured worker's symptoms at the time of the injury included low back pain. The diagnoses include lumbar radiculopathy, L5-S1 herniated nucleus pulposus, lumbosacral spondylosis and radiculopathy, and lumbar spine strain. Treatments and evaluation to date have included a lumbar epidural steroid injection on 04/27/2015, home exercise program, oral medications, and physical therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 01/07/2014 which showed moderate broad-based disc protrusion and disc desiccation. The progress report dated 05/21/2015 indicates that the injured worker was status post lumbar epidural injection on 04/27/2015 with excellent relief in the legs, approximately 90%. It was noted that there was mild improvement in her low back. The medications were decreased by 50%. The objective findings include positive bilateral straight leg raise test, positive triggers in bilateral L5, decreased sensation at the right posterior thigh, decreased right flexor hallucis longus strength, lumbar flexion at 60 degrees, lumbar extension at 15 degrees, and bilateral lateral range of motion of the lumbar spine at 15 degrees. The injured worker's work status was not indicated. The treatment plan included Voltaren 50mg twice a day, a urine toxicology screen at the next visit to monitor compliance, and re-evaluation in one month. The initial pain management evaluation report dated 02/05/2015 indicates that the injured worker rated her pain 6-7 out of 10. Her sleep was impaired due to pain; she had difficulty preparing meals due to pain; and she was able to do light cleaning only. The objective findings include an antalgic gait, decreased lumbar lordotic curve, tenderness to palpation over

the L4-5 spinous process, myofascial trigger points at the L3-5 levels, tenderness of the sciatic notches on the bilateral sides, reduced sensation in the left lower extremity in the L5 dermatomes, positive right straight leg raise test, inability to heel-to-toe walk without difficulty, lumbar flexion at 60 degrees, lumbar extension at 15 degrees, right lateral rotation of the lumbar spine at 10 degrees, and left lateral rotation of the lumbar spine at 15 degrees. It was indicated that the injured worker was temporarily total disabled. The treating physician requested Voltaren 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that NSAIDs (non-steroidal anti-inflammatory drugs) is "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Voltaren (Diclofenac) is an NSAID. For back pain, NSAIDs are recommended as a second-line treatment after acetaminophen. Tylenol was listed as a current medication in the medical report dated 02/05/2015. The MTUS states that anti-inflammatory medications are the traditional first line of treatment to reduce pain so that activity and function restoration can resume. However, long-term use may not be justified. Voltaren seems to have been first prescribed on 05/21/2015 according to the medical records provided. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Voltaren is not medically necessary.