

Case Number:	CM15-0078789		
Date Assigned:	05/20/2015	Date of Injury:	07/11/2014
Decision Date:	06/25/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: Internal Medicine

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 52-year-old male sustained an industrial injury to the low back on 7/11/14. Previous treatment included physical therapy, acupuncture, injections and medications. Electromyography / nerve conduction velocity test of bilateral lower extremities (10/27/14) showed peripheral neuropathy. Magnetic resonance imaging lumbar spine (12/1/14) showed lumbar spondylosis with disc bulge as well as an annular tear at L4-5. In a PR-2 dated 3/31/15, the injured worker complained of low back pain rated 9/10 on the visual analog scale with radiation to bilateral lower extremities, associated with numbness. The injured worker reported that his first lumbar epidural steroid injection (3/10/15) had helped for two days only. Physical exam was remarkable for lumbar spine with tenderness to palpation and decreased range of motion. Current diagnoses included lumbar spine radiculopathy, lumbar discogenic pain and lumbar spine paraspinal muscle spasms. The treatment plan included continuing home exercise and refilling medications (Flexeril, Tramadol, Voltaren gel and Omeprazole).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 71. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back conditions. The treating physician's progress report dated 3/31/15 documented the diagnoses of lumbar radiculopathy, lumbar discogenic pain, and muscle spasm of the lumbar spine paraspinal. Low back pain was 9/10 and radiates to lower extremities. Epidural steroid injection was performed 3/10/15. Lumbar spine was tender with decreased range of motion. Voltaren was prescribed. MRI magnetic resonance imaging 12/1/14 demonstrated abnormal findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines support the use of the NSAID Voltaren. Therefore, the request for Voltaren is medically necessary.