

Case Number:	CM13-0041465		
Date Assigned:	12/20/2013	Date of Injury:	12/05/2011
Decision Date:	12/11/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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 Jersey, New York
 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:

This is a 32 year old female who sustained an industrial injury on 12-5-2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical herniated nucleus pulposus (HNP). According to the progress report dated 9-29-2013, the injured worker complained of continued cervical pain radiating into the right upper extremity. Objective findings (9-29-2013) revealed positive Spurling's, positive spasm at trapezius-rhomboid, limited range of motion and pain with range of motion. Treatment has included physical therapy, acupuncture, epidural steroid injection and medications. The treatment plan (9-29-2013) was for physical therapy and Voltaren. Voltaren was prescribed since at least 5-2013. Other medications included Soma and Gabapentin. The original Utilization Review (UR) (10-3-2013) denied a request for Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 50 mg #60 (1 tablet orally twice daily) for symptoms related to cervical spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.
 Decision based on Non-MTUS Citation Goodman and Gillman's, The Pharmacological Basis

of Therapeutics, 11th ed., McGraw Hill 2006 and ODG Workers Compensation Drug Formulary (www.odg.twc.com/odgtwc/formulary.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The request for Voltaren is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's neck pain has been treated with NSAIDs, but there was no documentation of objective functional improvement. It is unclear why over-the-counter NSAIDs cannot be used. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.