

<b>Case Number:</b>	CM13-0029249		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 58-year-old male was reportedly injured on 11/8/2011. The most recent progress note, dated 8/22/2013, indicated that there were ongoing complaints of chronic low back pain that radiates to the right knee. The physical examination demonstrated lumbar spine had positive facet loading maneuvers at the right L4-L5 and L5-S1 for axial lumbar pain. There were positive tenderness bilaterally to SI joints, positive Patrick's test bilaterally, and positive Yeoman's test bilaterally. Sensory exam revealed increased sensation with associated decreased sensation, hypersensitivity, and numbness along the L4 nerve root distribution. No recent diagnostic studies are available for review. Previous treatment included injections, medications, and conservative treatment. A request had been made for Voltaren 100 mg #60 and transforaminal epidural steroid injections and was not certified in the pre-authorization process on 8/29/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN XR 100MG TABLET #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

**Decision rationale:** Voltaren, Cataflam, Voltaren-XR, Cambia (diclofenac) is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request is not medically necessary.

**64483 INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of decrease in the use of pain medications after recent transforaminal epidural steroid injection on June 2014. As such, the requested procedure is deemed not medically necessary.

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