

Case Number:	CM13-0065041		
Date Assigned:	01/03/2014	Date of Injury:	07/08/2012
Decision Date:	03/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York and Tennessee. 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 physician 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 patient is a 47 year old female who was injured on July 8, 2012. The patient continued to experience neck pain and headaches. Physical examination revealed tenderness of the posterior cervical and overlying occipital area. Diagnoses included myofascial pain and post concussive syndrome. Treatment included medications. MRI of the cervical spine done on January 27m 2012 showed no evidence of disc disease, neural foraminal narrowing or spinal cord stenosis. Requests for authorization for Voltaren 75 mg bid #60 and ultram, 50 mg 1 tab q 4-6 h prn # 60 were submitted on October 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, 1 bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac.

Decision rationale: Voltaren is the non-steroidal anti-inflammatory drug (NSAID) Diclofenac. Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional

first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be recorded. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx). This is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. In this case the patient had been treated with Voltaren since at least December, 2012. There is no documentation that the patient has failed treatment with other NSAIDs with a safer risk profile. In addition there is no documentation that the medication has been effective. Medical necessity has not been established.

Ultram 50mg, 1 tab q 4-6 prn, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

Decision rationale: Ultram is the opioid medication Tramadol. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs have failed. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. In this case the patient had been treated with Tramadol since at least December 2012. Analgesia has not been obtained and the medications should be discontinued. There is no documentation that the medication has been effective. Medical necessity has not been established.