

<b>Case Number:</b>	CM14-0108397		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 62 year old male who had a work related injury on 05/10/11. The most recent clinical documentation submitted for review was dated 07/17/14. His diagnosis was complex regional pain syndrome of left lower extremity, peripheral neuropathy, lumbar spine strain sprain, shoulder pain, depression with anxiety, and sleep disorder. The injured worker had physical therapy, NSAIDs. He was currently taking Lyrica, Effexor, Voltaren, Lunesta, Inderal, and Lisinopril. Physical examination reveals a well groomed male, appearing younger than his stated age. He appeared to be a good historian. His leg left leg jerking occurred about every five to 30 minutes. He had full range of motion of his shoulder. Left acromioclavicular joint was painful to palpation. He was observed to require one point cane. The gait was normal. The back was straight and symmetrical with no scars. He stated that the back was painful to palpation in the lumbosacral junction on the left. Spasm was not present in the lower lumbar paravertebral muscles bilaterally. Faber test was not positive. He was able to flex with finger two inches from the ground, extend 20 degrees with normal of 20 degrees. He stated that extension was painful. Gait was antalgic with minimal weight being placed on the left foot. He stated that light touch was painful in the left ankle and foot. Range of motion of both knees was normal. Ankle range of motion of the left ankle and plantarflexion was 5 degrees; dorsiflexion and lateral motion was 5 degrees, inversion and eversion 5 degrees. Deep tendon reflexes at quadriceps femoris 2+ bilaterally and ankles were 1+ in Achilles was 1+ bilaterally. He was oriented to person place and time. Prior utilization review dated 07/01/14 Voltaren and physical therapy were non-certified, and a partial certification for referral to orthopedic surgeon. There was no clinical documentation that the patient had orthopedic evaluation yet and if he had there was no clinical information submitted. The request was for Voltaren, physical therapy, and referral to orthopedic surgeon.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1 Gel Tube:** Upheld

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

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

**Decision rationale:** As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with Diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such, the request for Voltaren cannot be recommended as medically necessary.

**Physical Therapy to the Left Lower Extremity two times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy is not medically necessary. The clinical information submitted for review does not support the request. It has been noted in prior utilization review that the injured worker has already completed 26 visits with physical therapy; his response is not clearly specified. Therefore, medical necessity has not been established.

**Referral To Orthopedic Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Evaluation and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits.

**Decision rationale:** The request for referral to orthopedic surgeon is not medically necessary. Prior utilization review dated 07/01/14 partial certification for referral to orthopedic surgeon, there is no clinical evidence submitted that the injured worker has been seen in consultation with the orthopedic surgeon. Therefore, medical necessity has not been established.