

Case Number:	CM14-0110329		
Date Assigned:	08/01/2014	Date of Injury:	10/24/1996
Decision Date:	12/31/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a 52 year-old male with date of injury 10/24/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/18/2014, lists subjective complaints as pain in the lower back and left elbow. Objective findings: Examination of the bilateral elbows revealed tenderness to palpation over the lateral greater than medial epicondyle. There was no laxity noted. Cozen's test and Reverse Cozen's were positive. There is decreased range of motion with pain. Examination of the lumbar spine revealed tenderness to palpation with moderate spasm over the paravertebral musculature and lumbosacral junction. Sacroiliac stress test and Yeoman's test were positive on the right. Range of motion of the lumbar spine was measured as follows: flexion 32 degrees, extension 10 degrees, right side bending 14 degrees, and left side bending 16 degrees. Diagnosis: 1. Cervical/trapezial musculoligamentous strain with bilateral upper extremity radiculitis. The medical records supplied for review document that the injured worker has been taking the following medication for at least as far back as four months. Medications: 1. Voltaren XR 100mg, #30 SIG: 1 PO QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100MG #30: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to injured workers as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. The request for Voltaren XR 100MG #30 is not medically necessary.