

<b>Case Number:</b>	CM14-0116439		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/28/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Family 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:

The patient is a 61-year-old female who has submitted a claim for lumbago associated with an industrial injury date of September 28, 2011. Medical records from 2013 to 2014 were reviewed. The patient complained of left-sided low back pain rated 4-5/10 with medications and acupuncture, and 7/10 without medications. Current pain medications include Norco, Voltaren and Tizanidine. Norco and Voltaren use was noted as far back as December 2013. Physical examination showed tenderness over the lumbar paraspinal muscles. MRI of the lumbar spine on July 10, 2012 revealed multilevel degenerative disk disease, left-sided foraminal stenosis at L5-S1, and right-sided annular tear at L4-5 with subtle protruding disk in the right foramen as well as at L4-5. The diagnosis was low back pain; rule out lumbar facet joint syndrome, left. Treatment to date has included Norco, Voltaren, Flexeril, acupuncture, physical therapy, and TENS. Utilization review from July 3, 2014 denied the request for Voltaren 100mg QD #60. Continued use is not recommended due to substantial risk associated with this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain, Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

**Decision rationale:** Page 67-68 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended as an option for chronic low back pain for short-term symptomatic relief, and as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. NSAIDs are no more effective than other drugs such as acetaminophen, and had more adverse effects than placebo and acetaminophen. In this case, Voltaren intake was noted since December 2013. However, there was no evidence of significant pain improvement and functional benefit from its use. The guideline does not support long-term use of this medication. Moreover, there was no documentation of acute exacerbation of back pain and failure of acetaminophen to manage symptoms. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 prescription Voltaren 100mg #60 is not medically necessary.