

Case Number:	CM14-0127500		
Date Assigned:	08/15/2014	Date of Injury:	10/16/1997
Decision Date:	09/18/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/11/2014

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 Physical Medicine and 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 60-year-old gentleman was reportedly injured on October 16, 1997. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 23, 2014, indicates that there are ongoing complaints of low back pain radiating to the left leg. The physical examination demonstrated lumbar spine paraspinal spasms, hypertonicity, and decreased range of motion. Diagnostic imaging studies were not reviewed during this visit. The previous treatment includes a lumbar spine fusion at L4 - L5 and L5 - S1. A request had been made for Diclofenac which was not certified in the pre-authorization process on July 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Voltaren, a non-selective non-steroidal anti-inflammatory drug (NSAID), is 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 non-steroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first-line NSAID medications. Therefore, this for Voltaren is not medically necessary.