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| <b>Case Number:</b>   | CM14-0184967 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 01/02/1993 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 10/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/06/2014 |

### 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, has a subspecialty in Pain 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 injured worker is a 69 year-old male with an original date of injury on 1/2/1993. The industrially related diagnoses are lumbar spine discopathy, spinal stenosis, and previous thoracic spine surgery. An MRI of lumbar spine dating on 6/24/2014 showed anterolisthesis of L4 on L5 due to marked facet arthropathy at this level, severe central canal stenosis and severe bilateral foraminal stenosis with nerve root compression, osteophytes at L5-S1, moderate left foraminal stenosis at L3-4. The patient has been taking Voltaren and Tylenol with codeine with good pain relief. The disputed issue is the request for an unknown prescription of Voltaren. A utilization review dated 10/9/2014 has non-certified this request. The stated rationale for denial was despite notation Voltaren helped with patient's pain, lower back pain ratings have been worsening over the course of documentation while using Voltaren. In addition, Voltaren is not recommended for first-line use, and submitted documentation does not demonstrate failure of appropriate first line medications. Therefore, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Voltaren:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** On the most recent progress note on 9/10/2014, there's documentation of worsening back pain despite being on Voltaren. Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.