

Case Number:	CM14-0023788		
Date Assigned:	06/11/2014	Date of Injury:	03/28/2001
Decision Date:	08/12/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/25/2014

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 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 52 year old male injured on 03/28/01 due to an undisclosed mechanism of injury. Current diagnoses include CRPS in the right foot, cauda equina syndrome, and post-traumatic arthritis at the left knee. The clinical note dated 02/19/14 indicated the injured worker presented complaining of low back pain, right foot pain, right ankle pain, and left knee pain. The documentation indicates the injured worker reports pain has improved with Nortriptyline 25mg every night. Documentation indicates the injured worker is sleeping better and feeling more refreshed and exercising every other day. The injured worker is now working full time. Physical examination revealed tenderness to palpation of the lumbar spine, sacroiliac joint, and piriformis muscle. Medications include Keppra 500mg twice a day, Voltaren 75mg twice a day, Tramadol 50mg, and Nortriptyline 25mg every night. The initial request for Voltaren 75mg and Keppra 500mg were initially non-certified on 02/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 75MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: Voltaren is not recommend 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 Food and 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 non-steroidal anti-inflammatory drugs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Voltaren 75mg is considered not medically necessary.

KEPPRA 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: As noted on page 16 of the Chronic Pain Medical Treatment Guidelines, Keppra is among the antiepileptic drugs (AEDs) most recently approved and may be effective for neuropathic pain. However, the ultimate role of this agent for pain requires further research and experience. In the interim, this agent should be used to treat neuropathic pain only when Carbamazepine, Gabapentin, or Lamotrigine cannot be used. In addition, underlying depression and anxiety symptoms may be exacerbated by Levetiracetam. As such, the request for Keppra 500mg is considered not medically necessary.