

Case Number:	CM14-0032750		
Date Assigned:	07/02/2014	Date of Injury:	08/25/2005
Decision Date:	08/20/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 63-year-old male who reported an injury on 08/25/2005; the mechanism of injury was described as a lifting injury. Within the clinical visit on 05/23/2014, it was noted that the injured worker had no significant reported change in his condition since the previous exam and continued with pain in his neck and back. The injured worker's current medication list including taking hydrocodone 2.5 mg and Voltaren XR, along with topical medications. It was also noted that the injured worker stated that the medication helped relieve his symptoms. The physical examination revealed the injured worker had tenderness and spasms that were palpable over the paravertebral and trapezial musculature of the cervical spine along with tenderness and spasms that were palpable over the paravertebral musculature of the lumbosacral spine. There was a noted decreased range of motion in the cervical and lumbosacral spine. The neurological examination of the upper and lower extremities revealed normal motor strength with reflexes and sensory intact. Lastly, it was noted that the injured worker had a positive straight leg raise test. The injured worker's diagnoses were listed as cervical spine spondylosis, lumbar spine spondylosis, and subacromial impingement syndrome of the right shoulder. The Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR 100 MG, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The request for Voltaren XR 100 mg, quantity is not medically necessary. The California MTUS Guidelines state that for chronic low back pain, NSAIDs are recommended as an option for the short-term symptomatic relief. It was also noted that NSAIDs were no more effective than other drugs (such as acetaminophen, narcotic analgesics, and muscle relaxants). It is also stated by the guidelines that there is inconsistent evidence for the use of these medications for neuropathic pain to treat in the long-term, but may be useful to treat breakthrough and mixed pain conditions, such as osteoarthritis (and other nociceptive pain) and with neuropathic pain. Within the submitted medical records, there was no assessment that addressed adverse side effects along with improper pain assessments to show the efficacy of the medication, along with no documentation to show that the injured worker had objective functional gains as a result of utilizing the medication. Additionally, it was shown in the medical records that the injured worker had a prolonged usage of this medication and has not been utilized for short-term or breakthrough pain as recommended by the guidelines. Moreover, within the request itself, there was no documentation of the frequency the medication is to be taken and it cannot be assessed whether it is within the guideline recommendations for indicated utilization of the medication. Without further documentation to address the deficiencies noted within the review, the request at this time cannot be supported by the guidelines. As such, the request for Voltaren XR 100 mg, quantity of 60 is not medically necessary.