

Case Number:	CM14-0049364		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2009
Decision Date:	09/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 47 year old male with date of injury of 07/01/2009. The mechanism of injury was not given in the available medical records. The diagnoses included myofascial pain syndrome, cervical spine strain, right lateral epicondylitis and cervical radiculopathy. His prior treatment included trigger point injection, Naprosyn and topical analgesics. Voltaren XR 100mg was started initially on August 27th 2013. The most recent progress notes available for review was from 12/10/13. Subjective symptoms included pain in the right trapezius, numbness and spasms of right forearm which was improving with pain medications. He was reportedly doing home exercise program once or twice a week. Pertinent objective findings included tender right trapezius trigger points, decreased range of motion of neck by 10% in all planes, positive spasm of right trapezius and normal strength and reflexes of upper extremity. The plan of care included trigger point injections of right trapezius, Omeprazole 20mg daily, Neurontin 600mg TID, Flexeril 7.5mg TID and Voltaren XR. He was working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg qd #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac.

Decision rationale: The employee was being treated for chronic cervical spine sprain, myofascial pain syndrome, right lateral epicondylitis and cervical radiculopathy. He had been on Naprosyn and had trigger point injections in past. The request was for Voltaren XR which was initially started in August 2013. According to MTUS Chronic Pain Guidelines, NSAIDs are recommended for short-term symptomatic relief. Diclofenac according to Official Disability Guidelines is not recommended as first line due to increased risk profile. According to ODG, it poses an equivalent risk of cardiovascular events to patients as did Vioxx. It increased the cardiovascular risk by about 40%. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. The employee was almost 4 years removed from the initial injury and had been on NSAIDs. It is not clear why a switch to Diclofenac was considered as opposed to the traditional NSAIDs like Naprosyn. Given the lack of documentation on the need for switching from traditional NSAIDs and increased cardiovascular risk, the guideline criteria for Diclofenac for chronic pain have not been met. Hence the request for Diclofenac is not medically appropriate or necessary.