

Case Number:	CM14-0051872		
Date Assigned:	07/07/2014	Date of Injury:	01/06/2002
Decision Date:	08/29/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 68-year-old male who has submitted a claim for Cervical Spine Spondylosis and Right Shoulder Impingement Syndrome associated with an industrial injury date of January 6, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent pain in the cervical spine radiating to the right scapula. He denied numbness and tingling in the upper extremities. On physical examination, there was limitation of cervical spine range of motion. Tenderness and spasm was noted over the paravertebral and trapezial musculature. A healed incision was noted on the right shoulder. Examination of the upper extremities revealed normal motor and reflex findings. There was decreased sensation on both hands. Treatment to date has included home exercise program and medications including Voltaren XR 100 mg (since at least March 2014). In a utilization review from March 19, 2014 denied the request for Voltaren XR 100mg x 60 because there was no documentation of a pain scale and this medication is classified as an N drug on the ODG formulary but there was no documentation of trialed and failed Y drugs or documentation that this medication is superior to a Y drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg x 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The patient is a 68-year-old male who has submitted a claim for Cervical Spine Spondylosis and Right Shoulder Impingement Syndrome associated with an industrial injury date of January 6, 2002. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent pain in the cervical spine radiating to the right scapula. He denied numbness and tingling in the upper extremities. On physical examination, there was limitation of cervical spine range of motion. Tenderness and spasm was noted over the paravertebral and trapezial musculature. A healed incision was noted on the right shoulder. Examination of the upper extremities revealed normal motor and reflex findings. There was decreased sensation on both hands. Treatment to date has included home exercise program and medications including Voltaren XR 100 mg (since at least March 2014). Utilization review from March 19, 2014 denied the request for Voltaren XR 100mg 60 because there was no documentation of a pain scale and this medication is classified as an "N" drug on the ODG formulary but there was no documentation of trialed and failed "Y" drugs or documentation that this medication is superior to a "Y" drug.

Decision rationale: According to page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and they can cause gastrointestinal irritation or ulceration and renal or allergic problems. In addition, there is no evidence of long-term effectiveness for pain or function. In this case, Voltaren XR was being prescribed since March 2014 (five months to date). However, there was no documentation of continued functional gains. Furthermore, there was no indication that the patient was in moderate to severe pain. The records further showed that the patient was also taking opioids for pain and there was no rationale provided as to why there was a need to add NSAID to the patient's medication regimen. Moreover, the present request is incomplete because the frequency and duration of NSAID use was not indicated. Therefore, the request for Voltaren XR 100mg x 60 is not medically necessary.