

Case Number:	CM14-0078042		
Date Assigned:	07/23/2014	Date of Injury:	01/23/2012
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/29/2014

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 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:

According to the records made available for review, this is a 40-year-old female with a 1/23/12 date of injury. At the time (4/25/14) of request for authorization for 30 Tablets of Voltaren XR (Diclofenac ER) 100 mg, there is documentation of subjective (lower back pain radiating to left lower extremity) and objective (tenderness of lumbar paravertebral musculature, lumbar spine decreased range of motion, and decreased sensation to touch over left side at L4-L5 dermatomes) findings, current diagnoses (chronic pain, L4-L5 herniated nucleus pulposus with annular tear, protrusions and stenosis at L3-L4 and L4-L5, and neurological progression), and treatment to date (physical therapy and medications (including ongoing treatment with Voltaren since at least 2013)). There is no documentation that Diclofenac is not used as first line therapy; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Voltaren XR (Diclofenac ER) 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 67-68 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of chronic pain, L4-L5 herniated nucleus pulposus with annular tear, protrusions and stenosis at L3-L4 and L4-L5, and neurological progression. In addition, there is documentation of chronic pain and ongoing treatment with Diclofenac. However, there is no documentation that Diclofenac is not used as first line therapy. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac is not medically necessary.