

Case Number:	CM14-0078526		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2010
Decision Date:	09/23/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 Nevada. 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 records presented for review indicate that this 62 year-old individual was reportedly injured on 8/20/2010. The mechanism of injury is not listed. The most recent progress note, dated 4/10/2014, indicates that there are ongoing complaints of neck pain and stiffness. The physical examination demonstrated positive pain with facet loading in the cervical spine, tenderness to palpation of the cervical spine extending into the bilateral trapezius. The patient's range of motion limited by pain, decreased sensation left upper extremity along the C5-C7 dermatomes, the left upper extremity had muscle strength of 4+/5 and the right upper extremity had 5-/5. No recent diagnostic studies are available for review. Previous treatment includes right shoulder surgery, cervical epidural steroid injection 5/3/2014, medications, and conservative treatment. A request had been made for cervical epidural steroid injection, Voltaren 100 mg #60, and was not certified in the pre-authorization process on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS; there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of at least 50% pain relief with associated reduction medication use for 6-8 weeks after previous injection. It is noted the injured worker had an improvement of 50% in the numbness of his left arm. But there is no documentation of a decrease in pain and decrease in the use of pain medication. As such, the requested procedure is deemed not medically necessary.

Voltaren 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Voltaren, Cataflam, Voltaren-XR, Cambia (Diclofenac) is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that Diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first-line non-steroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request is considered not medically necessary.