

Case Number:	CM14-0091824		
Date Assigned:	09/12/2014	Date of Injury:	03/03/2010
Decision Date:	11/14/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 49-year-old female with a 3/3/10 date of injury. At the time (5/29/14) of request for authorization for Voltaren XR 100mg #30, there is documentation of subjective (pain in the right knee with stabbing and throbbing feeling, popping, locking, and giving way with prolonged walking; low back pain with radiation down both lower extremities) and objective (4/5 neck motor strength, decreased sensation in the C6, C7 and C8 dermatomes, positive Spurling test, positive straight leg raise, diminished right ankle reflex, lumbar spine tenderness on the right L5, 3/5 motor strength on left knee extension) findings, current diagnoses (neck pain, osteoarthritis of knee, and sciatica), and treatment to date (medications (including ongoing use of Voltaren XR since at least 12/5/13)). 5/22/14 medical report identifies that the patient needs to refrain from utilizing Voltaren XR due to an upcoming procedure. 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 XR use to date and of Voltaren XR used as second line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 21; 67-68; 78-79.

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 Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 neck pain, osteoarthritis of knee, and sciatica. In addition, there is documentation of chronic low back pain and knee osteoarthritis. However, given medical records reflecting prescription for Voltaren XR since at least 12/5/13, 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 XR use to date. In addition, there is no documentation of Voltaren XR used as second line therapy. Furthermore, given 5/22/14 medical's report documentation that the patient needs to refrain from utilizing Voltaren XR due to an upcoming procedure, there is no documentation of the medical necessity of the requested Voltaren XR 100mg #30. Therefore, based on guidelines and a review of the evidence, the request for Voltaren XR 100mg #30 is not medically necessary.