

<b>Case Number:</b>	CM14-0189316		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/24/2014
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This is a 74 year old patient with date of injury of 06/24/2014. Medical records indicate the patient is undergoing treatment for status post-concussion syndrome with severe headaches, cervical spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia, lumbar spine musculoligamentous sprain/strain, bilateral lower extremity radicular pain and paresthesia, status post rib fracture, thoracic spine musculoligamentous sprain/strain, dizziness, cervical spine myoligamentous sprain/strain superimposed on multiple level disc degeneration and stenosis at C5-C6 and C6-C7 with possible spondylolisthesis at C6-C7 and lumbosacral spine myoligamentous sprain/strain superimposed on stenosis and protrusions at L4-L5 and L5-S1 with annular tear at L4-L5. Subjective complaints include constant severe neck pain, rated 8/10 that radiates to bilateral upper extremities with associated numbness and tingling, anxiety and not sleeping well. Objective findings include diffuse tenderness and spasm throughout neck and back, straight leg raise and tension signs are positive, Hoffmann's sign negative, Clonus negative and diffuse pain with resistant testing with some weakness. MRI of cervical spine on 09/11/2014: C4-C5 a 2mm left paracentral/left neural foraminal disc protrusion and uncovertebral degenerate changes result in moderate to moderately severe narrowing of the left neural foramen, no canal stenosis; At C5-C6 there is moderate narrowing of the right neural foramen, left neural foramen and central canal are patent; No abnormal signal within the cervical cord; small old lacunar infarct within the pons measuring 6mmx2mm. MRI of lumbar spine on 09/11/2014: No endplate compression fracture; at L3-L4 two broad-based posterior disc bulges are present, as is moderately facet arthropathy; mild canal stenosis with AP dimension of the central canal measuring 8.5mm; mild narrowing of the bilateral lateral recesses and neural foramina; at L5-S1 intervertebral disc space height is approximately 50% the L4-L5; no lateral recess, neural foramina or canal stenosis. Treatment

has consisted of physical therapy, lumbar support, Norco, Naprosyn and Omeprazole. The utilization review determination was rendered on 10/09/2014 recommending non-certification of Voltaren Sustained Release.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren Sustained Release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

**Decision rationale:** Voltaren is the name brand version of Diclofenac, which is a NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, ODG also states that Voltaren is "Not recommended as first line due to increased risk profile. If using Voltaren then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." The treating physician has not provided dosage; frequency or amount of medication will be dispensed. As such, the request for Voltaren Sustained Release is not medically necessary.