

Case Number:	CM14-0199385		
Date Assigned:	12/09/2014	Date of Injury:	09/15/1998
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old female with the injury date of 09/15/98. Per physician's report 10/02/14, the patient has pain in her lower back, radiating down her legs. Physical examination reveals tenderness over lumbar paravertebral muscles. The patient presents limited range of lumbar motion. Her lumbar flexion is 45 degrees, extension is 10 degrees and lateral bending is 10 degrees. The provider requested MRI of the lumbar spine, Voltaren and Ultram. MRI from 10/13/14 reveals 1-2mm posterior disc bulge at L3-4 and L5-S1 without evidence of canal stenosis or neural foraminal narrowing. The lists of diagnoses are: S/P right total knee arthroplasty; Lumbar radiculopathy and morbid obesity. Per 08/07/14 progress report, the patient is unable to tolerate oral anti-inflammatories due to gastric upset. The provider prescribed topical compound (Lidocaine 5%, Flurbiprofen 20%). The utilization review determination being challenged is dated on 10/24/11. Three treatment reports were provided from 06/12/14 to 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67 and 68.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremities bilaterally. The patient is s/p right total knee arthroplasty. The request is for Voltaren 75mg #60 with 2 refills. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports do not indicate whether the patient has utilized other NSAIDs or not. The request is not medically necessary.