

Case Number:	CM14-0200073		
Date Assigned:	12/10/2014	Date of Injury:	02/20/2014
Decision Date:	01/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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:

This is a 50 years old female patient who sustained a work related injury on 2/20/2014. She sustained an injury when a co-worker jumped on her. The diagnoses include thoracic outlet syndrome, cervicgia, cervical and lumbar intervertebral disc degeneration and radiculopathy. Per the neurology consultation dated 9/30/2014, she had bilateral hand numbness, tingling, and "pins and needles" sensation, posterior lumbar pain, and aching, and posterior neck pain, ache, and tingling. Physical examination revealed mild to moderate tenderness over the neck and shoulder girdle with mildly restricted movement, and mild to moderate tenderness in the lumbar area. The Physician started a topical medication, noting the injured worker did not tolerate oral medications well due to GI upset, and gave only mild improvement in the pain. Per the doctor's note dated 11/18/2014, she had significant issues with ongoing neck and low back pain. The medications list includes Norco, Voltaren, Flexeril, and Tramadol. She has had cervical spine and lumbar spine X-rays on 4/4/2014; the MRI of the lumbar spine which revealed disc degeneration and foraminal stenosis and lateral recess stenosis at L3-L4 and L4-L5; the cervical spine MRI which revealed multi-level disc degeneration, particularly at C5-C6 with C6-C7, with foraminal stenosis particularly on the left side at the C5-C6 and C6-C7, less so at the right side. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Tab 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 01/19/15), Diclofenac, Diclofenac sodium (Voltaren®[®], Voltaren-XR®[®])

Decision rationale: Voltaren contains diclofenac which is an NSAID. According to CA MTUS Chronic Pain Medical Treatment Guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" Patient had chronic neck and low back pain. However per the cited guidelines "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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk..." The response and failure of other NSAIDS like ibuprofen and naproxen is not specified in the records provided. The request for Voltaren Tab 100 MG #30 is not deemed medically necessary due to its risk profile.