MAXIMUS Federal Services

Case Number:	CM15-0008561		
Date Assigned:	01/26/2015	Date of Injury:	08/05/2013
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 50 year old female, who sustained an industrial injury on August 5, 2013. She has reported neck pain and right arm pain. The diagnoses have included right upper extremity strain/sprain, right shoulder biceps tendinitis, right forearm tenosynovitis, anxiety, depression, and impaired sleep. Treatment to date has included acupuncture, physical therapy, cortisone injections of the right elbow, medications, and imaging studies. Currently, the injured worker complains of continued pain of the right elbow and forearm. The treating physician is requesting a course of acupuncture and a prescription for Voltaren. On December 30, 2014 Utilization Review non-certified the request for a course of acupuncture and a prescription for Voltaren noting the lack of documentation to support the medical necessity of the treatments. The MTUS chronic pain medical treatment guidelines and acupuncture guidelines were cited in the decision.

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. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Pain (chronic)

Decision rationale: Voltaren XR 100mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that NSAIDS are associated with new onset or worsening of pre-existing hypertension. The ODG states that Voltaren is 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%. 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 documentation is not clear on why the patient requires this particular NSAID rather than an NSAID with a less adverse safety profile, particularly in light of the patient's history of hypertension. The request for Voltaren XR is not medically necessary.

Acupuncture twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture twice a week for three weeks is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments, 1 to 3 times a week for 1 to 2 months and acupuncture treatments may be extended if functional improvement is documented. The documentation is not clear on the exact amount of patient's prior acupuncture and efficacy. Without this clarification additional acupuncture cannot be certified.