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| <b>Case Number:</b>   | CM15-0131370 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 09/23/2013 |
| <b>Decision Date:</b> | 08/26/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on 09/23/2013, secondary to lifting a trailer battery resulting in cervical, left shoulder and lumbar spine injury. On provider visit dated 04/24/2015 the injured worker has reported chronic left shoulder pain as well as low back pain that radiates to right buttocks and thigh. On examination of the lower paralumbar region tenderness was noted and positive straight leg on right side was noted as well. Left shoulder impingement sign was positive. The diagnoses have included left shoulder impingement syndrome and lumbar radiculitis with bilateral neural foraminal encroachment at L4-L5. Treatment to date has included medication, epidural steroid injection and therapy. The provider requested Voltaren XR (extended release) 100 mg Qty 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR (extended release) 100 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti inflammatory drugs) Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-NSAIDs (non steroidal anti inflammatory drugs).

**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) Chapter, under Diclofenac.

**Decision rationale:** The patient presents with low back pain with more tingling and numbness extending into the right leg and shoulder pain. The request is for Voltaren Xr (Extended Release) 100 Mg Qty 30. The request for authorization is dated 5/20/2015. Physical examination reveals increased tenderness, spasm and hypertonia are present in the lower paralumbar region with bridging into the right sciatic notch. Straight leg raising is positive at 5 degrees on the right and 15 degrees on the left. Left shoulder impingement sign remains positive although there is less tenderness about the shoulder with suboptimal range of motion. He has received a limited course of medical treatment of a conservative nature with the use of medication, modified activity, and therapy. He did undergo a single epidural steroid injection and has experienced a sustained improvement in his pain with less tingling and numbness and discomfort especially in the right leg. He does feel the medication has been helpful in at least allowing better restful sleep and more activities during the day. Patient's medications include Voltaren, Protonix and Percocet. Per progress report dated 07/07/15, the patient is restricted to modified duties. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "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. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress report dated 07/07/15, treater's reason for the request is "for the extensive inflammatory disorders plaguing this patient and non-tolerance to other NSAID medication." The patient is prescribed Voltaren ER since at least 07/22/14. Given patient's diagnosis and continued symptoms, MTUS supports the use of NSAIDs. However, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. The request does not meet guidelines indication. Therefore, the request is not medically necessary.