

Case Number:	CM15-0136528		
Date Assigned:	07/24/2015	Date of Injury:	11/16/2010
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 67 year old male who sustained an industrial injury on 11/16/2010. Mechanism of injury was a trip and fall. Diagnoses include cervicgia and cervical disc displacement, and status post C6-7 anterior cervical decompression and interbody fusion. Treatment to date has included diagnostic studies, medications, status post C6-7 fusion in 2013, and physical therapy. X rays of the cervical spine done on 03/27/2015 revealed stable C6-C7 anterior interbody fusion and there is a 1mm of stepwise anterolisthesis from C3 through C6 due to predominately left-sided facet hypertrophy. A physician progress note dated 05/12/2015 documents the injured worker has complaints of increased left sided neck pain with increased numbness in the right hand and weakness in his right grip. There is tenderness over the left paracervical regions. He demonstrates give-away weakness in the right arm. The treatment plan includes an Electromyography and Nerve Conduction Velocity of the right upper extremity and Flexeril. Treatment requested is for Voltaren 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." Voltaren is not a first-line NSAID. The documentation submitted for review does not indicate a failed trial of ibuprofen or naproxen. There was no rationale for the selection of Voltaren. The request is not medically necessary.