

Case Number:	CM15-0143198		
Date Assigned:	08/05/2015	Date of Injury:	10/26/2001
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/23/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 66-year-old female, with a reported date of injury of 10-26-2001. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include spinal stenosis of the lumbar region, low back pain, severe lumbar degenerative disc disease, and lumbar facet syndrome. Treatments and evaluation to date have included oral medications, a TENS (transcutaneous electrical nerve stimulation) unit, cortisone injection in the right knee in 01-2013, physical therapy, right lumbar medial branch facet radiofrequency rhizotomies, and right lumbar medial branch block. The diagnostic studies to date were not indicated. The visit note dated 06-17-2015 indicates that since the injured worker's last visit, her pain level had decreased significantly. She stated that her medications were working well. The medication side effects felt by the injured worker included constipation and dizziness. It was noted that she showed no evidence of developing medication dependency. The injured worker stated that she had been taking her medications as prescribed. Her overall improvement was about 55%. The physical examination of the lumbar spine showed loss of normal lordosis with straightening of the lumbar spine, restricted range of motion with flexion limited to 45 degrees and extension limited to 10 degrees, tenderness, spasm, and tight muscle band of the bilateral paravertebral muscles, negative straight leg raise test, positive FABER test, an antalgic gait with a right-sided lean, tenderness to touch over her flank area, and pain on palpation over the lower lumbar facets. The physical examination of the right knee showed tenderness to palpation over the lateral joint

line and patella, and mild swelling along the lateral joint line. There was no documentation regarding the injured worker's work status. The treating physician requested Voltaren extended-release 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER (extended release) 100mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: 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. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents indicate that the patient is being treated for osteoarthritis. The treating physician documents greater than 50% reduction in pain and increased function with the use of Voltaren. As such, the request for Voltaren ER (extended release) 100mg, #30 is medically necessary.