

Case Number:	CM15-0202627		
Date Assigned:	10/19/2015	Date of Injury:	04/18/2013
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/15/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 51 year old male who sustained an industrial injury on 04-18-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar sprain and strain with radiculopathy. According to the treating physician's progress report on 08-25-2015, the injured worker complained of lumbar spine pain rated at 4 out of 10 on the pain scale. The evaluation noted weight gain, constipation secondary to medications, joint pain and muscle spasm. Some of the medical records submitted with the review are difficult to decipher. The injured worker improved with a lumbar epidural steroid injection (no date documented). Examination demonstrated tenderness and spasm to palpation with positive straight leg raise and Kemp's test. Range of motion was documented as flexion 38 degrees and extension at 15 degrees. Prior treatments for the lumbar spine were lumbar epidural steroid injection and medications. Current medications prescribed were Ultram ER, Fexmid and Colace. Treatment plan consists of bilateral hinged knee braces, weight loss program, lumbar support, 2nd lumbar epidural steroid injection and the current request for Voltaren XR 100mg 10mg-325mg orally once a day #30. On 09-30-2015 the Utilization Review determined the request for Voltaren XR 100mg orally once day #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR100mg 1 PO QD #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Medical, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS notes regarding non-selective NSAIDs such as diclofenac; Mechanism of action: Inhibits prostaglandin synthesis by decreasing the activity of the enzymes COX-1 and COX-2, which results in decreased formation of prostaglandins involved in the physiologic response of pain and inflammation. Side Effects include the following. CNS: headache, dizziness, insomnia; Skin: rash including life-threatening skin reactions (Stevens-Johnson syndrome) Discontinue if rash develops; GI: abdominal cramps, nausea/vomiting, diarrhea, constipation, flatulence; Otic: Tinnitus; Hematologic: Anemia. Regarding Voltaren XR specifically MTUS states; Voltaren-XR: 100 mg PO once daily for. Voltaren-XR should only be used as chronic maintenance therapy. The available medical record does not note any side effects related to the use of the diclofenac, there is mention of constipation but the treating physician links it directly to the use of opioids. MTUS clearly recommends the use of voltaren XR for chronic pain control in the dose specified by the treating physician. As such I am reversing the prior review and deem voltaren XR 100mg #30 to be medically necessary.