

Case Number:	CM15-0210272		
Date Assigned:	10/29/2015	Date of Injury:	07/02/2014
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41-year-old male, with a reported date of injury of 07-02-2014. The diagnoses include cervical spine strain, right wrist instability, right wrist and hand strain, and status post left knee surgery. The progress report dated 09-18-2015 indicates that the injured worker presented with a complaint of persistent left knee pain, right upper extremity pain, and neck pain. The objective findings include tenderness of the cervical paraspinal muscles; decreased extension of the left knee; medial tenderness to touch of the left knee; no swelling or joint infusion of the left knee; decreased ankle flexion and extension. The injured worker's work status was not indicated. The injured worker's pain rating was not indicated. The diagnostic studies to date have included a urine drug screen on 05-15-2015 which was positive for Hydrocodone, Norhydrocodone, and Tramadol; and a urine drug screen on 07-17-2015 which was positive for Hydrocodone, Norhydrocodone, and Hydromorphone. Treatments and evaluation to date have included post-operative therapy, chiropractic treatment, Norco, Tramadol, Diclofenac, and Omeprazole. The request for authorization was dated 09-18-2015. The treating physician requested Voltaren XR 100mg #60. On 10-21-2015, Utilization Review (UR) non-certified the request for Voltaren XR 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR tab 100mg#60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs.

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnosis is cervical radiculopathy; and left knee pain. Date of injury is July 2, 2014. Request for authorization is October 7, 2015. The documentation shows Naprosyn was prescribed April 2, 2015. The documentation shows Ketoprofen was prescribed May 15, 2015. There was no rationale in the medical record for the discontinuation of Naprosyn and Ketoprofen. According to a request for authorization dated July 17, 2015, the medications listed include Norco, Tramadol, Prilosec and Voltaren XR 100 mg. There was no clinical rationale for starting Voltaren XR. According to a September 18, 2015 progress note, subjective complaints include persistent left knee pain and right upper extremity pain with neck pain. Objectively, the left knee has decreased extension and medial tender to touch. There is no documentation demonstrating objective functional improvement to support ongoing Diclofenac (Voltaren) due to its increased risk profile. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. There is no pain score in the documentation and no attempt at weaning. Based on clinical information in the medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement to support ongoing Voltaren and no clinical rationale for the discontinuation of both Naprosyn and Ketoprofen, Voltaren XR 100mg #60 is not medically necessary.