

Case Number:	CM15-0211672		
Date Assigned:	10/30/2015	Date of Injury:	09/28/2000
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained an industrial injury on September 28, 2000. Medical records indicate that the injured worker is undergoing treatment for lumbar radiculopathy, transitional lumbar spine changes, gastrointestinal upset and sleep disturbance. The injured worker is currently working with restrictions. On (9-8-15) the injured worker reported that his medications were controlling the pain with no side effects noted. The injured workers gastrointestinal upset was also noted to be controlled with medications. Objective findings were not provided. On (6-19-15) the injured workers objective findings noted difficulty with rising from a sitting position. The injured worker was noted to move with stiffness and walked with an antalgic gait. Documented treatment and evaluation to date has included medications and a urine drug screen. Current medications include Voltaren, Prilosec and FMCC (Flurbiprofen, menthol, capsaicin and camphor cream). The patient's surgical history include lumbar fusion

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER #60, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (updated 12/02/15) Diclofenac.

Decision rationale: Voltaren ER #60, 5 refills Diclofenac belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In addition as per cited guideline, Diclofenac is 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%. Another meta-analysis supported the substantially increased risk of stroke with Diclofenac, further suggesting it not be a first-line NSAID it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac sodium. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. The AGS updated Beers criteria for inappropriate medication use includes Diclofenac. Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. As per the records provided the patient had GI upset with NSAID use. Diclofenac is a NSAID. Short term use of a NSAID is considered first line treatment for musculoskeletal pain. However, Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. The patient is having chronic pain and is taking Diclofenac for this injury. The detailed response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for Diclofenac on a daily basis with lack of documented improvement in function is not medically necessary. Lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. The medical necessity of the request for Voltaren ER #60, 5 refills is not fully established for this patient due to its risk profile.