

Case Number:	CM15-0032698		
Date Assigned:	02/26/2015	Date of Injury:	01/12/1990
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male, who sustained an industrial injury on January 12, 1990. He has reported he bent over to pick up a game on the ground and felt immediate severe pain and was unable to get up from the floor. The diagnoses have included lumbar facet arthropathy, chronic back pain status post lumbar fusion, lumbar myofascial strain, peripheral polyneuropathy, lumbago and lumbar stenosis. Treatment to date has included physical therapy, chiropractic treatment, a fusion on his L5-S1 in 1995 and with a revision in 1997, radio frequency ablation right L2-L3 and L3-L4 on June 4, 2014 with relief, MBB right L2-L3 and L3-L4 on January 15, 2014, and trigger point injections on September 24, 2014, Magnetic resonance imaging on December 2, 2012 and an abnormal electromyogram of bilateral lower extremities on October 30, 2012. Currently, the injured worker complains of low back pain. In a progress note dated January 16, 2015, the treating provider reports examination revealed limited range of motion to lumbar, facet loading positive bilaterally. On February 9, 2015 Utilization Review non-certified a prednisone quantity 29, and Voltaren 100mg quantity 30, noting, Medical Treatment Utilization Schedule Guidelines and Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Official Disability Guidelines (ODG) pain chapter Page(s): 20, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60. Decision based on Non-MTUS Citation Official disability guidelines pain chapter diclofenac.

Decision rationale: The patient was injured on 01/12/1990 and presents with low back pain. The request is for VOLTAREN 100 mg #30. The RFA provided is dated 12/15/2014 and the patient is currently PTP. It appears that this is the initial trial of Voltaren. MTUS Guidelines pages 22 on anti-inflammatory medications states that anti-inflammatory are the traditional first-line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. For medication use in chronic pain, MTUS page 60 also requires documentation of the pain assessment and function as related to the medication use. Specific to Voltaren, ODG Guidelines, on the pain chapter diclofenac section, updates, "not recommended as first line due to increase risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market." In this case, ODG Guidelines cautioned that Voltaren should not be used first line due to its risk profile. The treater should consider another NSAID. In this case, the patient has been taking Anaprox prior to this medication. A trial of Voltaren appears reasonable. Therefore, the requested Voltaren IS medically necessary.

Prednisone #29: 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 chapter, Oral corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines low back chapter under corticosteroid (oral/parenteral/IM for low back pain).

Decision rationale: The patient was injured on 01/12/1990 and presents with low back pain. The request is for PREDNISONE #29. The RFA provided is dated 12/15/2014 and the patient is currently PTP. It appears that this is the initial trial of Prednisone. ODG Guidelines low back chapter under corticosteroid (oral/parenteral/IM for low back pain) recommends, "Oral corticosteroids for limited circumstances as noted below for acute radicular pain, not recommended for acute non-radicular pain (axial pain) or chronic pain. Multiple severe adverse effects have been associated with systemic steroid use." In this case, ODG Guidelines do not recommend oral corticosteroids unless there is acute radicular pain. The patient does not present with any radicular pain. The requested prednisone #29 IS NOT medically necessary.

