

<b>Case Number:</b>	CM15-0234790		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	07/05/2011
<b>Decision Date:</b>	01/13/2016	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2015

### 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: North Carolina  
 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 63-year-old male, who sustained an industrial-work injury on 7-5-11. A review of the medical records indicates that the injured worker is undergoing treatment for status post anterior cervical fusion cervical Herniated Nucleus Pulposus (HNP) cervical radiculopathy, chronic low back pain and chronic pain syndrome. Medical records dated 9-30-15 indicate that the injured worker complains of intermittent neck pain rated 5 out of 10 on the pain scale with radiation to the left upper extremity with associated numbness and tingling sensation. He also has intermittent mid back pain and low back pain with radiation to the left lower extremity (LLE) with numbness. He reports seizures and tremors. The physician notes the quality of life is limited due to pain. Per the treating physician, report dated 9-29-15 the injured worker has not returned to work. The physical exam dated 9-29-15 reveals that he ambulates with a cane and there is weakness in the left upper extremity. Otherwise, the neurological exam is unchanged. Treatment to date has included pain medication, Fioricet, Robaxin, Cymbalta, Neurontin, Voltaren ER since 9-30-15, cervical fusion 1-21-15, physical therapy at least 12 sessions, pain management, and other modalities. The current medications included Neurontin and Cymbalta. The request for authorization date was 9-30-15 and requested service included Voltaren-XR tab 100mg #30. The medical records do not indicate decreased pain, increased level of function or improved quality of life. There is no documented objective or subjective improvements noted. The original Utilization review dated 10-26-15 non-certified the request for Voltaren-XR tab 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren-XR tab 100mg #30: Overturned**

**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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore, the request is medically necessary.