

Case Number:	CM14-0105271		
Date Assigned:	07/30/2014	Date of Injury:	04/04/2007
Decision Date:	09/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported an injury on 04/04/2007 due to cumulative trauma. The injured worker's diagnoses were radiculopathy of the lumbar, discogenic pain lumbar, chronic pain syndrome, facet pain syndrome lumbar, disc disease lumbar, facet arthropathy lumbar, kyphosis, and other diseases, abnormal posture, mild loss of lumbar lordosis and abnormal posture with mild protraction of the neck. The past treatments include epidural steroid injection in the thoracic spine in 2008. The complaint is lower back pain. The quality of pain is aching, burning, cramping, sharp shooting and tender. Pain is rated on a scale of 1 to 10, with medications 5/10 for the lower back, worst pain being 8/10 without medications. On a physical examination dated 05/27/2014, the injured worker appeared to be in moderate pain, there were moderate-type bands, moderate spasm, and moderate hypertonicity, moderate tenderness and trigger points circumscribed radiating pain with characteristic twitch response along the bilateral thoracic paravertebral muscle. The facet distraction loading maneuver was positive bilaterally at T10-11 and T12-S1. The neurological exam revealed sensation to pinprick reveals diminished sensation with dysesthesias hyperpathia, paresthesias along the bilateral L5 and bilateral S1 root distributions. The motor examination revealed that there is a mild weakness on ankle dorsiflexion on the left and the right. The injured worker's medications were Pantoprazole Sodium 20 mg, Gabapentin 600 mg, Nortriptyline Hydrochloride 25 mg, Cyclobenzaprine Hydrochloride 7.5 mg, Methadone Hydrochloride 10 mg, Voltaren XR 100 mg and Hydrocodone/APAP 10/325 mg. The requested treatment plan is for Voltaren XR 100 mg #60. The rationale for the request was for anti-inflammatory effects and mild to moderate pain relief. The request for a authorization form was provided with documentation submitted for review and was dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg. # 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) Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 71.

Decision rationale: According to the California MTUS Guidelines, it is recommended as a second-line treatment for Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute low back pain with sciatica, a recent randomized controlled trial found no difference in treatment with NSAIDs versus placebos. NSAIDs are recommended as an option for short-term systematic relief. According to guidelines Voltaren XR should only be used as chronic maintenance therapy. The injured worker complained of bilateral lower back lumbar spine pain with characteristics of quality of being achy, burning, cramping, sharp, shooting, and tender. On the VAS, the injured worker rates his pain at 5/10 taking medication and 8/10 without medications. There was a lack of documentation within the medical records indicating the efficacy of medication as evidenced by significant functional improvement. Additionally, the request failed to include the frequency of the medication. As such, the request for Voltaren XR 100 mg #60 is not medically necessary.