

<b>Case Number:</b>	CM14-0128149		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old female with complaints of neck pain, shoulder pain, and low back pain. The date of injury is 6/14/05 and the mechanism of injury is lifting/pulling injury attempting to move a heavy refrigerator. At the time of request for Voltaren XR (Diclofenac ER) 100mg #30, there is subjective (neck pain, shoulder pain bilateral, and low back pain) and objective (tenderness to palpation paraspinal musculature lumbar and cervical, restricted range of motion cervical and lumbar spine, positive sciatic and femoral tensions signs bilaterally) findings, imaging findings (10/8/13 MRI lumbar spine shows annular tear and disc protrusion L4-5 with facet arthropathy L3-4,L4-5, 12/20/13 MRI cervical spine shows chronic compression deformity C5 and C6, degenerative disc disease C2/3 thru C7, disc displacement multi-level cervical spine), diagnoses (cervical radiculopathy, cervical disc protrusion, chronic fatigue syndrome, fibromyalgia, chronic pain syndrome, lumbar radiculopathy, lumbar disc protrusion) and treatment to date (medications, physiotherapy, aquatic therapy, chiropractic manipulation, psychotherapy, epidural steroids). There is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR (Diclofenac ER )100mg #30 1 po qd: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided nor is there any mention of failure of first line NSAID therapy ie motrin. Therefore, the request for Voltaren XR(Diclofenac ER) 100mg#30 is not medically necessary.