

Case Number:	CM14-0094593		
Date Assigned:	07/25/2014	Date of Injury:	01/09/2013
Decision Date:	09/22/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in California. 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 patient is a 34 year old man who was injured at work on 1/9/2013. The injury was primarily to his left knee. He is requesting review of denial for Voltaren XR 100 mg BID #120. The medical records corroborate ongoing care for his injury. The orthopedic progress notes indicate that the patient has sustained a left medial collateral ligament injury and also has chondromalacia. He was treated with Voltaren, Norco, an intraarticular injection with Kenalog, and topical creams. He also underwent a course of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg Tab: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, NSAIDs, Topical Salicylate, Topical Analgesics Page(s): 22, 68, 75, 78, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index, 12th Edition (web), 2014 Pain-Salicylate Topicals.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of non-steroidal anti-inflammatory drugs (NSAIDs). In general, this class of medications is

recommended at the lowest dose for the shortest period in 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. There is no evidence of long-term effectiveness for pain or function. There are specific recommendations as to the dosing of Voltaren (also known as Diclofenac). These recommendations are as follows, "Osteoarthritis: Adults: 50 mg PO 2--3 times daily. Dosages > 150 mg/day PO are not recommended. Pain: 50mg PO 3 times per day (max dose is 150mg/day). An initial dose of 100 mg PO followed by 50-mg doses may provide better relief. Voltaren: Osteoarthritis: 50 mg PO 2--3 times daily or 75 mg PO twice daily. Dosages > 150 mg/day PO are not recommended. Ankylosing spondylitis: 25 mg PO 4 times a day with an extra 25-mg dose at bedtime if necessary. Voltaren-XR: 100 mg PO once daily for chronic therapy. In this case there are several concerns:" The prescribed dosage of Diclofenac (100 mg BID) exceeds the maximum dose recommendations (e.g. "max dose is 150 mg/day)". The medical records indicate that this drug is being used as a long-term treatment modality. The guidelines indicate that this should be used at the lowest dose for the shortest period of time and that there is no evidence in support of long-term effectiveness for treatment of pain or function. Also, there is no evidence that there is ongoing monitoring to document the efficacy of this medication for the patient's condition. In summary, the information available in the medical records does not support the MTUS/Chronic Pain Medical Treatment Guidelines on the use of this drug. Therefore the request for Voltaren XR 100 mg is not considered as a medically necessary.