

<b>Case Number:</b>	CM14-0177477		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	01/03/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 34 year old male with an industrial injury dated 01-03-2014. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain and strain with radiculopathy of right lower extremity. According to the progress note dated 09-05-2014, the injured worker reported right shoulder pain with weakness and low back pain with radiation right lower extremity with no sleep related complaints. Pain level was 7 out of 10 without meds and 3 out of 10 with meds on a visual analog scale (VAS). Objective findings (09-05-2014) revealed lumbar spine spasm and positive straight leg raises. Right shoulder exam revealed tenderness, positive impingement and positive crepitus. Subjective complaints, objective findings, and diagnoses for PR2 (09-05-2014) are difficult to decipher. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. Per progress report dated 09-05-2014, the injured worker remained temporary total disability. The utilization review dated 10-07-2014, non-certified request for Voltaren XR 100 mg and Trazodone 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diclofenac.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** CA MTUS is silent on the issue of Voltaren. The ODG pain section states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid Diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that do not seem to have that risk. As this medication is not recommended by the guidelines, the request is not medically necessary.

**Trazodone 50 mg:** 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) Trazodone (Desyrel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress.

**Decision rationale:** The CA MTUS/ACOEM guidelines are silent regarding Trazodone. The ODG-TWC, mental illness and stress chapter recommends Trazodone as an option for insomnia, only for patients with potentially co-existing mild psychiatric symptoms such as depression or anxiety. Not recommended as a first-line treatment for insomnia in patients generally, or as a first-line treatment for depression or for pain. In this case, the documentation submitted for review does not document a diagnosis of insomnia. The request does not meet the criteria set forth in the guidelines and therefore is not medically necessary.