

<b>Case Number:</b>	CM15-0115964		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	04/02/1999
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 60-year-old female who sustained an industrial injury on April 2, 1999. The injury was a result of the injured workers' usual and customary duties as a medical transcriptionist. The injured worker has been treated for low back and bilateral knee complaints. The diagnoses have included lumbar radiculitis, chronic lumbar radiculopathy, lumbar disc displacement, lumbar spinal stenosis, osteoarthritis of the right hip, osteoarthritis of the bilateral knees, left medial meniscus tear, chronic pain, depression, status-post right hip arthroplasty, status-post bilateral knee surgery and status-post right total knee replacement. Treatment and evaluation to date has included medications, radiological studies, physical therapy, epidural steroid injections and a home exercise program. In March 2015, it was noted that the injured worker was not working, and work status was noted as temporarily totally disabled. Current documentation dated April 30, 2015 notes that the injured worker reported increased pain. Voltaren was prescribed in March 2015. The injured worker also was noted to have increased central nervous system symptoms with Neurontin 600 mg. Lumbar spine examination revealed a significantly decreased range of motion and a positive straight leg raise test on the right. The injured worker was noted to ambulate with an antalgic gait. The treating physician's plan of care included a request for Voltaren 100 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, NSAIDs Page(s): 60, 67-73.

**Decision rationale:** This injured worker has chronic back pain. Voltaren has been prescribed for one month. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain, the following should occur: determine the aim of the use of the medication; determine the potential benefits and adverse effects and determine the injured workers preference. Diclofenac (voltaren) has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. In this case, there is lack of documentation of significant pain relief or functional improvement with the continued use of the requested medication. There was no discussion of change in work status or of improvement in specific activities of daily living because of the use of voltaren. For these reasons, the request for Voltaren 100 mg # 60 is not medically necessary.