

<b>Case Number:</b>	CM15-0148273		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 58 year old male who sustained an injury on 7-5-13 resulted while trying to place metal rib bar down to set wall on top of scaffold. He suddenly felt severe pain in his low back. Treatment included physical therapy, X-rays, epidural steroid injection and medication management. Diagnoses are bilateral L% lumbar radiculopathy; right sided sciatica; lumbar facet hypertrophy with disc bulge at L4-L5 and L5-S1 level with bilateral neuroforaminal narrowing; chronic myofascial pain syndrome. Diagnostic testing included MRI spine; electromyography; and nerve conduction studies. A Qualified Medical Evaluation on 5-4-15 reports he has numbness on the anterior aspect of the right thigh and calf; pins and needles sensation and numbness affecting the lateral right calf and lateral right foot. These symptoms are present every day and increased by bending forward; bending backward; coughing and sneezing; sitting; standing and walking. Medications are Diclofenac 100 mg; Cyclobenzaprine 7.5 at night. The physical examination lumbar spine is paraspinal tenderness from L2 to the sacrum bilaterally; range of motion is limited in all directions and with significant pain. Flexion, extension and lateral bending left and right are about 10 degrees each. Straight leg raising on the right at 35 degrees and left leg was 50 degrees. An examination on 5-7-15 reports increasing Neurontin 600 mg three times a day for tingling and numbness; continue with Voltaren ER 100 mg twice a day; Flexeril 7.5 mg at night for muscle spasm; Prilosec 20 mg for stomach upset and heartburn. The follow up visit on 7-7-15 reports severe escalation of low back pain shooting down the legs, right more than left with tingling, numbness and paresthesia. The pain is rated 7-8 out of 10. Medications give him pain relief for a few hours and pain starts coming back. Medications to be continued include Voltaren ER 100 mg twice a day; Flexeril 7.5; Neurontin

600 mg; Prilosec and to continue with range of motion, stretching, strengthening and spine stabilization home exercises. Work restrictions are no lifting above 25 pounds; occasional bending; stopping and squatting. Current requested treatments Voltaren extended release 100 mg Quantity 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren extended release 100mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Voltaren.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In addition, ODG does not recommend diclofenac as first line due to increased risk profile. "Diclofenac is associated with a significantly increased risk of cardiovascular complications and should be removed from essential-medicines lists, according to a new review. The increased risk with diclofenac was similar to Vioxx, a drug withdrawn from worldwide markets because of cardiovascular toxicity. Rofecoxib, etoricoxib, and diclofenac were the three agents that were consistently associated with a significantly increased risk when compared with nonuse. With diclofenac even in small doses it increases the risk of cardiovascular events. They recommended naproxen as the NSAID of choice. (McGettigan, 2013)." The request for Voltaren is not supported. The request for Voltaren extended release 100mg quantity 60 is not medically necessary and appropriate.