

Case Number:	CM15-0071856		
Date Assigned:	04/22/2015	Date of Injury:	10/18/2002
Decision Date:	05/22/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/15/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 53 year old male, who sustained an industrial injury on October 18, 2002. The injured worker reported back pain after lifting. The injured worker was diagnosed as having cervical radiculitis, radiculopathy, spondylosis, lumbosacral or thoracic neuritis or radiculitis, lumbalgia/lumbar intervertebral disc, lumbar facet syndrome and spondylosis and radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI), physical therapy, home traction, psychiatry, exercise and medication. A progress note dated March 3, 2015 provides the injured worker complains of neck pain radiating to hands and back pain that radiates down right leg. Physical exam notes cervical, lumbar and sacroiliac joint tenderness. The plan includes magnetic resonance imaging (MRI), Transcutaneous Electrical Nerve Stimulation (TENS) therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER (extended release) 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren), NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 43, 67-73.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, diclofenac.

Decision rationale: Diclofenac 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). This is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac is not recommended for first line treatment. The request is not medically necessary.