

<b>Case Number:</b>	CM14-0108868		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine & Rehabilitation 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:

This is a case of a 40-year-old male who has filed a claim for status post-acute industrial injury 11/01/08, lumbosacral contusion with L5-S1 disc protrusion and annular tear, status post L5-S1 anterior lumbar interbody fusion with instrumentation, left shoulder contusion secondary to fall associated with an industrial injury date of 11/01/08. Medical records from 2014 were reviewed. Latest reports were reviewed and show that the patient still complains of low back pain radiating through the bilateral lower extremities associated with numbness and tingling, left greater than right. The symptoms increase with twisting, stooping, bending, prolonged sitting and standing, and straining with bowel movements. He reports bowel, bladder, and sexual dysfunction. He reports difficulty with the performance of daily activities. No physical examination was done at the time of report. Physical examination findings from 2013 were reviewed and showed that these were abbreviated. The report shows that the patient has tenderness (unspecified), decreased ROM (unspecified), positive SLR and decreased sensation at L5, right. No other physical examination findings were noted. Treatment to date has included medications, physical therapy, and post lumbar interbody fusion, L5-S1. Medications taken include pantoprazole, diclofenac (since May 2014), cyclobenzaprine, hydrocodone, Norco, and Methoderm gel. Utilization review dated 07/11/2014 denied the request for Voltaren ER for the medication dispensed 06/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-Steroidal anti-inflammatory drugs), Page(s): 67-68;.

**Decision rationale:** Page 67-68 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended in patients with knee or hip osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the latest report was that of the medical re-examination dated July 2014. At this time no physical examination was done. Latest PE findings were dated 2013, which does not reflect the current status of the patient. Patient has been on diclofenac since May 2014. However, the efficacy of diclofenac in terms of pain relief and the overall benefit was not documented. The clinical indication for this medication cannot be clearly established with the lack of documentation. Therefore, the request for Voltaren 100mg #60 is not medically necessary.