

<b>Case Number:</b>	CM13-0022847		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	03/14/2010
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 physician 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 patient with a date of injury of 3/14/10. A progress report from 7/10/13 identifies neck and back pain getting better, but she still complains of left shoulder pain rated 6/10 that increases with shoulder movement. On exam, there is mild cervical spine tenderness with palpable muscle spasm and decreased range of motion. There is shoulder tenderness with decreased range of motion and positive impingement. There is lumbar spine tenderness with spasm and decreased range of motion. The treatment plan included Ultram, Protonix, Flexeril, Exoten-C, and 60 Voltaren 100 mg, 1 tablet 2 times per day for inflammation

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Voltaren 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-71.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Voltaren XR, which is the 100mg form of Voltaren (Diclofenac), is specifically recommended to

be taken by mouth once daily for chronic therapy. The treating physician stated that the patient was having pain with once daily dosing, but there is no quantification of analgesic benefits in terms of percent pain reduction or reduction in numeric rating scale, or any objective functional improvement. The California MTUS does not support the proposed frequency of administration. In light of the above issues, the currently requested Voltaren is not medically necessary.