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| <b>Case Number:</b>   | CM13-0071849 |                              |            |
| <b>Date Assigned:</b> | 01/08/2014   | <b>Date of Injury:</b>       | 01/03/2011 |
| <b>Decision Date:</b> | 06/09/2014   | <b>UR Denial Date:</b>       | 12/16/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2013 |

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 33 year old female with a reported date of injury on 01/03/2011. The mechanism of injury was reported as a fall. The injured worker had a right shoulder arthroscopy on 11/28/2012, right ankle arthroscopy on 02/15/2012 and a lumbar laminectomy on 06/06/2012. According to the orthopedic note dated 05/29/2013 the injured worker's range of motion was recorded as left elbow flexion to 126 degrees, and right elbow flexion to 97 degrees. The lumbar spine range of motion was recorded as flexion to 55 degrees, extension to 15 degrees, left lateral bending at 49 degrees and right lateral bending at 38 degrees. The injured worker underwent EMG and NCV testing on 06/05/2013, the nerve conduction studies were all within normal limits. The injured worker's diagnoses included tendinitis right shoulder, torn ligament right ankle, lumbar strain and major depressive disorder. The injured worker's medication regimen included Flexeril, Lidoderm patches, Pepcid, as well as other medications. The injured worker could not remember the other medication she was taking. The request for authorization of Voltaren 75mg #60 was submitted on 12/27/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN 75MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67.

**Decision rationale:** The CA MTUS recommends NSAIDs as a second-line treatment after acetaminophone for chronic back pain. In addition, NSAIDs are recommended as an option for short-term symptomatic relief. The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. It was unclear how long the injured worker has been utilizing this medication or if it is a newly prescribed medication. There is a lack of documentation as to whether the injured worker had a decrease in functional ability or an increase in pain or overall change in condition which would warrant the injured worker's need for the medication. The rationale for the request of Voltaren is unclear. Therefore, the request for Voltaren 75mg #60 is not medically necessary.