

Case Number:	CM14-0113622		
Date Assigned:	08/01/2014	Date of Injury:	05/12/2010
Decision Date:	09/10/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had date of injury of 5/12/2010. She has been treated with right shouder surgery on 12/9/2010 and 11/9/2011. Current symptoms are referred to right shouder. The treating physican obtained MRI and did not recommend any surgical intervention. Disorder of bursa and tendon of right shoudeer was diagnosed and the request submitted for Voltaren 75 mg twice daily #60 with 1 R. Original UR review gave modified approval for Voltaren 75 mg #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, oral twice a day, as needed, for pain, Quantity 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68,70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligmanets, tendons and cartilage. The original request for Voltaren 75 mg #60 with one refill does not meet the criteria of providing

lowest dose of NSAID for the shortest time possible. In order to be in compliance with these guidelines, the original UR decision gave modified approval for Voltaren 75 mg #60 with no refills. I uphold the original UR modification as medically necessary.