

Case Number:	CM14-0192192		
Date Assigned:	11/25/2014	Date of Injury:	07/29/2011
Decision Date:	01/12/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/17/2014

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 Anesthesiology, 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 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:

According to the records made available for review, this is a 54-year-old female with a 7/29/11 date of injury. At the time (10/9/14) of the request for authorization for Voltaren 100mg 1 tablet daily #30, there is documentation of subjective (modest weakness involving the hand with some persistent pain) and objective (little, if any, soft tissue swelling is noted over the palmar surface of the right wrist, some tenderness is present) findings, current diagnoses (redo right carpal tunnel decompression with ulnar fat flap transfer and biofilm placement over the median nerve with decompression of the ulnar nerve at Guyon's canal with extraction of retained hardware from the distal ulna with proximal decompression at the pronator and cubital tunnels 7/16/14), and treatment to date (medication including Voltaren for at least 4 months). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg 1 tablet daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren) Page(s): 71 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of a diagnosis of redo right carpal tunnel decompression with ulnar fat flap transfer and biofilm placement over the median nerve with decompression of the ulnar nerve at Guyon's canal with extraction of retained hardware from the distal ulna with proximal decompression at the pronator and cubital tunnels 7/16/14. In addition, there is documentation of chronic pain. However, given documentation of treatment with Voltaren for at least 4 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Voltaren use to date. Therefore, based on guidelines and a review of the evidence, the request for Voltaren 100mg 1 tablet daily #30 is not medically necessary.