

<b>Case Number:</b>	CM14-0036527		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/05/2004
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Medicine and is licensed to practice in California and Nevada. 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 45 year old male injured on 11/05/04 due to cumulative trauma as it was noted the worker's activities were sufficiently repetitive, strenuous, and prolonged causing overuse syndrome affecting the upper extremities. Current diagnoses include status-post bilateral medial epicondylectomy and ulnar nerve decompression, status-post right carpal tunnel release, and probable bilaterally radial tunnel syndrome. Clinical note dated 01/23/14 indicates the injured worker presented complaining of pain to the neck, back, bilateral shoulders, bilateral elbows, bilateral wrist/hands, bilateral hips, and bilateral forearms. Significant findings include persistent pain in bilateral forearms with radiation to the hands consistent with radial tunnel syndrome. The injured worker was referred for physical therapy for upper extremities 3 times a week for 4 weeks. Additionally, electromyogram/nerve conduction study of the upper extremities was requested. Voltaren 75mg twice a day #60 was requested. The initial request for Diclofenac sodium 75mg #60 30 day supply (retrospective DOS 1/23/14) was initially non-certified on 03/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 75mg #60 30day supply (retrospective DOS 1/23/14):** Upheld

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

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

**Decision rationale:** Voltaren is not recommend as first line treatment due to increased risk profile. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other non-steroidal anti-inflammatory drugs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Diclofenac sodium 75mg #60 30day supply (retrospective DOS 1/23/14) cannot be recommended as medically necessary.