

Case Number:	CM14-0081973		
Date Assigned:	07/18/2014	Date of Injury:	10/28/2010
Decision Date:	08/26/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 32-year-old female with date of injury of 10/28/2010. The listed diagnoses by [REDACTED] dated 05/05/2014 are: 1. Status post ulnar nerve decompression. 2. Left elbow medial epicondylectomy from approximately February 2014. According to this report, the patient is 3 months' status post ulnar nerve decompression, left elbow medial epicondylectomy. She has no further numbness or tingling in either hand. She also has pain radiating up to the neck at times as well as neck discomfort. The patient continues with therapy. The physical exam shows there is a well-healed surgical scar on the left elbow. There is mild tenderness at the surgical site. Full range of motion is in all digits of the left hand and wrist. Sensory and motor exam is intact. Grip strength is 25 on the right and 20 on the left. The utilization review denied the request on 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64, 70. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/10/14): Diclofenac sodium.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: This patient presents with elbow and neck pain. This patient is status post ulnar nerve decompression, left elbow medial epicondylectomy, from approximately February 2014. The treater is requesting Voltaren 100 mg, quantity 60. The MTUS Guidelines page 22 on anti-inflammatory medications states that these medications are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The only report provided for review shows that the patient was prescribed Voltaren on 05/05/2014. It is unclear from the records if the patient has used Voltaren prior to this report. In this case the patient continues to present with elbow and neck pain, and Voltaren is recommended as first-line treatment to reduce pain and inflammation. The request for Voltaren 100mg #60 is medically necessary.