

Case Number:	CM14-0189373		
Date Assigned:	11/20/2014	Date of Injury:	09/19/2011
Decision Date:	01/14/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/13/2014

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 Practice, 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:

37 yr. old male claimant sustained a work injury on 9/19/11 involving the hands and back. He was diagnosed with lumbar disc disease/strain, right lateral epicondylitis, carpal tunnel and trigger finger. He had undergone physical therapy. He had a carpal tunnel release, repair of the epicondyle and right ring finger trigger finger release. A progress note on 4/9/14 indicated the claimant had tenderness in the right radial tunnel and proximal arm after the surgery. He was given a nerve block in the right elbow. The physician had given him Voltaren for pain along with Prilosec. He had been on Naprosyn for pain at the time and had been given Hydrocodone for pain in June 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67.

Decision rationale: Voltaren is an NSAID. According to the guidelines, they are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief

for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. They are recommended as a second-line treatment after acetaminophen. There is no specific indication for arm or wrist complaints. In this case, the claimant had been vacillating between NSAIDs and opioids. There was no indication on the need to combine or alternate. There was no indication of Tylenol failure. Pain level response to a class of medication was not noted. The need for Voltaren was not specified and is not medically necessary.