

Case Number:	CM14-0198832		
Date Assigned:	12/09/2014	Date of Injury:	04/20/2012
Decision Date:	01/23/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Internal Medicine, 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 injured worker (IW) is a 63-year-old man with a date of injury of April 20, 2012. The mechanism of injury was not documented in the medical record. The current diagnoses are status post bilateral carpal tunnel releases; bilateral lateral epicondylitis; bilateral middle finger stenosing tenosynovitis. According to an established patient updated history dated February 13, 2014, the IW reports that he was taking Diclofenac and Ibuprofen. The submitted medical record contained 63 pages. There were no recent clinical notes provided. The following information is per UR documentation provided for this review. According to a progress note dated October 6, 2014, the IW reports subjective complaints of bilateral elbow pain, left worse than right. He also had arm weakness and bilateral arm stiffness. Objective findings revealed tenderness and swelling in the bilateral elbow lateral epicondyle; positive provocative test for lateral epicondylitis and tenderness to the bilateral hand and middle fingers with triggering of the middle fingers. The treatment plan includes prescription for Voltaren. The current request is for Voltaren 75mg #60 with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60 x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren 75 mg #60 with five refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Voltaren is not recommended except as a second line option. Diclofenac products are not recommended as first-line choices due to potential increased adverse effects. In this case, the injured worker's working diagnoses are status post bilateral carpal tunnel release; bilateral lateral epicondylitis; bilateral middle finger stenosing tenosynovitis; and left thumb stenosing tenosynovitis. An established patient updated history dated February 13, 2014 indicates injured worker was taking Voltaren at that time. Voltaren is a second line nonsteroidal anti-inflammatory drug because of the potential adverse effects. The medical record also indicates the injured worker is taking ibuprofen, concurrently, with Voltaren. There is no clinical indication of the rationale the medical record to explain using two nonsteroidal anti-inflammatory drugs simultaneously. Consequently, absent the appropriate clinical indications based on the potential adverse effects and the ODG, Voltaren 75 mg #60 is not medically necessary.