

Case Number:	CM14-0208880		
Date Assigned:	12/23/2014	Date of Injury:	05/18/2005
Decision Date:	02/13/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Pain 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's original date of injury was May 18, 2005. The industrial diagnoses include thoracic outlet compression, upper extremity pain, finger flexor tenosynovitis, and chronic pain. According to a progress note on 7/10/14, the patient is continuing with pain in the right upper extremity with activity. The disputed request is for Voltaren 100 mg twice a day for date of service August 25, 2014. A utilization review on November 26, 2014 had denied this request. The rationale for this denial was that the documentation "does not support why this associate was on the Voltaren, how long she has been on the medication, and there was no submitted medical plan."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Voltaren 100mg #60 DOS 08/25/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest

period in patients with moderate to severe pain. However, some patients in chronic pain will require the chronic use of NSAIDs. This patient appears to continue with significant pain and dysfunction. The patient has upper extremity pain and thoracic outlet syndrome. The patient has had nerve blocks to the right shoulder and there is consideration of a river section surgery. Therefore, it is reasonable for the patient to have a first line medication for musculoskeletal pain. It should be noted that the provider should better document the analgesic effect of Voltaren. Despite this, the currently requested Voltaren is medically necessary.