

<b>Case Number:</b>	CM14-0070024		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	12/21/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 12/21/12. On 5/15/14, the injured worker submitted an application for IMR for review of Voltaren XR 100mg QD #60. The treating provider has reported the injured worker complained of ongoing discomfort in right wrist and hand with swelling and tenderness on examination. The diagnoses have included carpal tunnel syndrome right wrist; DeQuervain's right hand. Treatment to date has included status post carpal tunnel release and first dorsal compartment release (3/27/14); physical therapy. On 5/5/14 Utilization Review non-certified Voltaren XR 100mg QD #60. The MTUS and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg QD #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-71. Decision based on Non-MTUS Citation ODG Pain (Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, Diclofenac.

**Decision rationale:** Based on the 04/22/14 progress report provided by treating physician, the patient presents with right wrist and hand pain. The request is for VOLTAREN XR 100MG QD #60. The patient is status post right carpal tunnel release and right first dorsal compartment release, date unspecified. Patient's diagnosis per Request for Authorization form dated 04/28/14 includes carpal tunnel syndrome and deQuervain's tenosynovitis. The patient had physical therapy and is prescribed Voltaren. The patient is permanent and stationary, per treater report dated 07/15/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress report dated 04/22/14, treater states "side effects of the medication were discussed with the patient, which the patient is not experiencing. The patient finds the medication to be effective for pain relief and it improves the patient's ability to perform daily activity." Voltaren was requested in treater report dated 01/14/14, initiated on 03/18/14, and included in treater reports dated 04/08/14 and 07/15/14, subsequently. MTUS supports NSAIDs, given patient's diagnosis, symptoms, treater's documentation of medication efficacy. However, ODG supports Voltaren when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, and patient's risk profile has not been addressed. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.