

Case Number:	CM15-0149280		
Date Assigned:	08/17/2015	Date of Injury:	02/25/2013
Decision Date:	09/14/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old female, who sustained an industrial injury on 02-25-2013. She has reported injury to the right wrist. The diagnoses have included right carpal tunnel syndrome; and left carpal tunnel syndrome, status post surgery. Treatment to date has included medications, diagnostics, ice, and bracing. Medications have included Tramadol, Voltaren, and Gabapentin. A progress report from the treating physician, dated 07-17-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of right wrist pain; the pain is constant and sharp; she is wearing the right wrist brace more often than the left; the Velcro is not holding and needs a new brace; right shoulder pain and swelling; and she has pain with range of motion. Objective findings included the right wrist-forearm grip strength is decreased; the examination for the presence of carpal tunnel signs was positive for the Tinel sign and the Phalen sign; tenderness is present at the carpal tunnel and the wrist extensors; minimal swelling is present and diffuse; normal range of motion is noted, some pain in certain movements; there is decreased sensation in all fingers but the pinky finger. The treatment plan has included the request for Voltaren 100mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAID) non-steroidal anti-inflammatory drugs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, under Diclofenac.

Decision rationale: This claimant was injured in 2013 with diagnoses of right carpal tunnel syndrome; and left carpal tunnel syndrome, status post surgery. Treatment to date has included Voltaren. As of July, there is still right wrist pain; the pain is constant and sharp. Exam was positive for the Tinel sign and the Phalen sign. There is decreased sensation in all fingers but the fifth finger. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac [also known as Voltaren) for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the Voltaren. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes "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%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request is not medically necessary.