

Case Number:	CM15-0163926		
Date Assigned:	09/01/2015	Date of Injury:	05/30/2012
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/20/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old female patient, who sustained an industrial injury on 5-30-2012. The diagnoses include pain in the wrist and forearm and carpal tunnel syndrome. Per the doctor's note dated 8/13/2015, she had complaints of right wrist and right shoulder pain. Per the doctor's note dated 7/15/2015, she had complains of right hand pain rated 2 out of 10 with medications and 4 out of 10 without medications. Physical examination showed right tendon sheath swelling, a tender and positive Finkelstein's test and decreased painful range of motion of the bilateral wrist and right shoulder. The medications list includes ibuprofen 200mg, voltaren XR 100mg and voltaren gel. Treatment to date has included therapy and medication management. The treating physician is requesting Voltaren XR 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Page 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15), Anti-inflammatory medications, Diclofenac.

Decision rationale: Voltaren XR 100 mg #60. Diclofenac is an NSAID. According to the cited guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" Patient had chronic right wrist and shoulder pain. Therefore use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "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..." Patient's medications list includes ibuprofen 200mg. The response and failure of other NSAIDs like naproxen and ibuprofen (with full therapeutic doses) is not specified in the records provided. The medical necessity of Voltaren XR 100mg #60 is not fully established as a first line NSAID due to its risk profile.