

Case Number:	CM15-0168323		
Date Assigned:	09/14/2015	Date of Injury:	07/02/2014
Decision Date:	10/19/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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:

This female sustained an industrial injury on 7-2-14. Documentation indicated that the injured worker was receiving treatment for cervical radiculitis, cervical spine sprain and strain, left wrist sprain and strain, left wrist tenosynovitis, insomnia, sleep disturbance, anxiety and depression. Previous treatment included physical therapy, chiropractic therapy, massage and medications. Magnetic resonance imaging left wrist (1-27-15) showed a complete tear in the triangular fibrocartilage complex. Magnetic resonance imaging cervical spine (1-27-15) showed mild disc desiccation at C4-5 and C5-6 with broad based disc herniations at C4-6 with mild stenosis. Magnetic resonance imaging left shoulder (1-27-15) showed a down sloping acromion with mild osteoarthritis of the acromioclavicular joint and tendinosis of the infraspinatus and subscapularis tendons. In a PR-2 dated 7-15-15, the injured worker complained of pain to the cervical spine, left shoulder and left wrist, rated 7 to 8 out of 10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to the cervical spine paraspinal musculature with spasms and positive cervical compression test, left shoulder and left wrist with tenderness to palpation. The treatment plan included prescriptions for Voltaren, Protonix and topical compound creams. On 7-23-15, Utilization Review noncertified a request for Voltaren 100mg #60, citing CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: MTUS 2009 states that NSAIDS such as diclofenac should be used for the shortest duration and lowest dose possible. The ongoing use of diclofenac in this situation does not adhere to MTUS 2009 and there is information in the medical record describing how the sustained use of this medication promotes function and need for less medical interventions. Diclofenac is not medically necessary.