

<b>Case Number:</b>	CM15-0191312		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/09/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Arizona, 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 56 year old female with a date of injury of September 9, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spinal stenosis with herniated nucleus pulposus at C3 through C7, bilateral upper extremity radiculopathy, lumbar spine disc protrusions at L3-4 and L4-5, bilateral L5 radiculopathy, and right shoulder musculoligamentous sprain and strain with acromioclavicular degenerative changes, impingement symptoms, and a Type III acromioclavicular separation. Medical records dated August 11, 2015 indicate that the injured worker complained of neck pain radiating to the bilateral upper extremities right greater than left, numbness and tingling in the right upper extremity, pain rated at a level of 6 to 7 out of 10, 4 out of 10 at best and 9 out of 10 at worst, frequent headaches, stiffness in the neck, frequent pain in the right shoulder radiating to the right hand, pain rated at a level of 7 to 8 out of 10, 4 out of 10 at best and 9 out of 10 at worst, continuous lower back pain radiating to the bilateral lower extremities, numbness and tingling of the right lower extremity, pain rated at a level of 9 to 10 out of 10, and 5-6 out of 10 at best, and sleep difficulties due to pain. Records also indicate that the injured worker has difficulties with prolonged standing and sitting, bending forward, backwards or sideways, reaching above shoulder level, and moving her arm backwards. The physical exam reveals decreased grip strength of the left hand, moderate tenderness to palpation of the cervical paravertebral musculature, decreased range of motion of the cervical spine, positive Spurling's test and cervical compression bilaterally, decreased range of motion of the right shoulder, positive impingement sign, Neer's sign and Hawkin's sign on the right, moderate tenderness to palpation

of the lumbar paravertebral musculature, decreased range of motion of the lumbar spine, positive straight leg raise test bilaterally, positive Braggard's test bilaterally, positive Bowstring's test bilaterally, positive Valsalva maneuver bilaterally, sensory deficit over the bilateral C5, C6, and C7 dermatomes, sensory deficit over the bilateral L5 dermatomes, and weak heel-toe testing. Per the treating physician, the employee has not returned to work. Treatment has included an unknown number of physical therapy sessions, unknown number of acupuncture sessions, unknown number of chiropractic treatments, imaging studies, and with slight relief, and medications (current medications not documented). The original utilization review (August 28, 2015) non-certified a request for Voltaren ER 100mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Voltaren extended release 100mg quantity 30:** 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).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for an unknown length of time. Pain remained constant 70% of the time. No one NSAID is superior to another. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The change/addition of Voltaren is not medically necessary.