

<b>Case Number:</b>	CM15-0201110		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/06/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 38 year old female who reported an industrial injury on 11-6-2014. Her diagnoses, and or impressions, were noted to include: tenosynovitis of the hand and wrist; status-post surgery. No imaging studies were noted. Her treatments were noted to include: physical therapy; home exercises; medication management; and rest from work. The progress notes of 8-27-2015 reported: that further therapy was denied; complaints of increased pain at night. The objective findings were noted to include: full extension; no changes in "DPC" < 0.5 cm; that the scar was soft and without modularity; and that progress remained fair; and that no more physical therapy had been authorized. The physician's requests for treatment were noted to include a recommendation for a qualified medical evaluation and for a follow-up visit in 6 weeks. No progress notes provided noted a request for Voltaren. The Request for Authorization (RFA), dated 9-30-2015 (blurry-difficult to read), was noted for Voltaren XR 100 mg, 1 tablet by mouth. The Utilization Review of 10-5-2015 non-certified the request for Voltaren XR 100mg, as prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

**Decision rationale:** CA MTUS is silent on the issue of Voltaren. The ODG pain section states that Voltaren is 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. In this case the documentation does not report the failure of a first-line NSAID or acetaminophen. In addition, Voltaren is not recommended by the guidelines due to its side effect profile. Therefore the request is not medically necessary.