

<b>Case Number:</b>	CM15-0207479		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

### 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 47 year old female with an industrial injury dated 05-30-2012. A review of the medical records indicates that the injured worker is undergoing treatment for carpal tunnel syndrome and pain of wrist and forearm. According to the progress note dated 09-15-2015, the injured worker reported right side arm, hand and wrist complaints. Pain level was 5 out of 10 with medications and 7 out of 10 without medications on a visual analog scale (VAS). The injured worker is able to complete activities of daily living. Physical exam (09-15-2015) revealed no acute distress. In a progress report dated 08-13-2015, the injured worker presented with right wrist pain rated 8 out of 10 with medication and 10 out of 10 without medication. Current medication includes Voltaren XR 100mg (since at least June of 2015), Ibuprofen and Voltaren Gel 1%. Objective findings ( 06-11-2015, 07-15-2015, 08-13-2015) revealed decreased right shoulder range of motion with pain, swelling of the bilateral wrist tendon sheaths, positive bilateral Finkelstein test, and decreased bilateral wrist range of motion with pain. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The utilization review dated 09-25-2015, non-certified the request for 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 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Diclofenac.

**Decision rationale:** The 47 year old patient complains of right arm, wrist and hand pain, as per progress report dated 09/15/15. The request is for Voltaren XR 100mg #60. The RFA for this case is dated 09/15/15, and the patient's date of injury is 05/30/12. Diagnoses, as per progress report dated 09/15/15, included carpal tunnel syndrome, and carpal sprain. The patient is taking Voltaren for pain relief. The patient is on modified report, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009 page 67 and 68 and Anti-inflammatory medications section, Chronic Pain Medical Treatment Guidelines 2009, recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG guidelines, Pain (chronic) chapter under Diclofenac state: 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%. It goes on to state that there is substantial increase in stroke. In this case, Voltaren is first noted in progress report dated 04/16/15. It is not clear when the NSAID was initiated. As per progress report dated 09/15/15, medications helped reduce pain from 7/10 to 5/10. While the treater does mention that the patient is able to perform ADLs such as cooking, laundry, gardening, shopping, bathing, dressing, medication management, driving, brushing teeth and toileting, there is no indication that the patient was not able to perform these activities without Voltaren. The reports do not document the impact of the NSAID on the patient's function, as required by MTUS page 60. Additionally, the reports available for review do not discuss the use and failure of other NSAIDs, and ODG does not support the use of Voltaren unless other NSAIDs have failed, as it increases the risk of stroke by about 40%. Hence, the request IS NOT medically necessary.