

Case Number:	CM15-0038779		
Date Assigned:	03/09/2015	Date of Injury:	12/24/1999
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: Pennsylvania
 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 12/24/1999. He has reported right shoulder pain. The diagnoses have included right rotator cuff syndrome; right shoulder osteoarthritis; and joint pain right shoulder. Treatment to date has included medications, injections, physical therapy, home exercise, and surgical intervention. Medications have included Celebrex and Voltaren XR. Surgical intervention has included right shoulder arthroscopy in 2004. A progress note from the treating physician, dated 01/21/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of constant right anterior shoulder pain which has worsened, limited range of motion, and weakness. Objective findings included right shoulder crepitus; right shoulder active range of motion with limiting factors of pain; and palpable crepitus with range of motion. The current plan of care includes cortisone injection to the right shoulder, taking over-the-counter anti-inflammatory as needed, apply ice as needed, and follow-up evaluation in 6 weeks. The treatment plan has included prescription medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Nonsteroidal anti-inflammatory drugs such as Voltaren may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no trial of acetaminophen. Although the short-term use of Voltaren for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly since this worker is also taking another non-steroidal anti-inflammatory drug, Celebrex.