

<b>Case Number:</b>	CM15-0038791		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 50 year old female who sustained an industrial injury on 2/20/14. The injured worker reported symptoms in the neck, shoulder blades, back and knees. The diagnoses included cervical discopathy, C5-C6 and C6-C7 with radiation to both upper extremities, lumbar degenerative scoliosis, cervicogenic headaches, and bilateral upper extremity numbness and tingling. Treatments to date include oral pain medication and oral muscle relaxants. In a progress note dated 1/19/15 the treating provider reports the injured worker was with "tenderness from C1 through C7, as well as bilateral upper traps as well as upper and middle rhomboids...lumbar spine demonstrates tenderness at L2 through S1 as well as superior iliac crest."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac Sodium XR (Voltaren) 100mg #60 is not medically necessary.