

Case Number:	CM15-0044701		
Date Assigned:	03/16/2015	Date of Injury:	01/08/2003
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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:

The injured worker is a 61 year old female, who sustained an industrial injury on January 8, 2003. The injured worker had reported left ankle, neck, low back, bilateral shoulder, bilateral elbow and bilateral wrist pain. The diagnoses have included right shoulder impingement syndrome, rotator cuff tear, acromioclavicular joint arthritis and impingement, superior labrum, anterior to posterior tear, labral tear anterior, ulnar nerve neuropathy and chronic carpal tunnel syndrome bilaterally. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, injections, chiropractic care, a home exercise program, right shoulder surgery, right elbow surgery and right hand surgery. Current documentation dated December 1, 2014 notes that the injured worker reported right shoulder, right elbow and right wrist pain. She also reported left elbow and left wrist pain. Physical examination of the right shoulder revealed tenderness at the surgical site and a decreased range of motion. Examination of the right elbow revealed tenderness at the medial epicondyle. Examination of the right wrist showed tenderness and a decreased range of motion. Left elbow examination revealed tenderness of the lateral epicondyle and a normal range of motion. Left hand examination showed tenderness at the radial styloid and thumb carpometacarpal joint and a full range of motion. The treating physician's plan of care included a request for Voltaren 75 mg # 60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, Qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

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. There was no indication of Tylenol failure. There was no mention of prior NSAID use to determine therapeutic response to justify 3 months of refills. As a result, the request for additional Voltaren is not medically necessary.