

Case Number:	CM15-0048611		
Date Assigned:	03/20/2015	Date of Injury:	12/06/2002
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year-old female, who sustained an industrial injury on 12/6/2002. The details of the initial injury were not submitted for this review. Diagnoses include status post right shoulder arthroscopy, subacromial decompression, left shoulder impingement syndrome, status post left carpal tunnel release and a revision, status post right carpal tunnel release, psychological diagnosis and rheumatological diagnosis. Treatments to date include medication therapy, cortisone injection, and physical therapy. Currently, she complained of continued neck pain and stiffness that had been improved with home TENS unit and anti-inflammatory medications. The evaluation dated 2/19/15 documented objective findings including tenderness of the cervical spine, left shoulder with a mildly positive impingement sign. The plan of care included a request for continuation of the TENS unit and medication as ordered. A progress report dated November 4, 2014 states that the patient takes Naprosyn for acute exacerbations, not on a daily basis. She notes functional improvement and pain relief with the adjunct of the medication. A progress report dated February 12, 2015 request of Voltaren and 75 mg 1 tab B ID #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg 1 tablet twice a day #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears the patient has previously used NSAIDs on a PRN basis for flareups. The current prescription is for Voltaren to be used twice a day and includes enough medications for 3 months. There is no documentation that the patient is in a current flareup. Additionally, a three-month prescription does not allow the requesting physician time to evaluate whether this medication results in analgesic efficacy and objective functional improvement. As such, the currently requested Voltaren (diclofenac) is not medically necessary.