

Case Number:	CM15-0052295		
Date Assigned:	03/25/2015	Date of Injury:	01/07/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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 50 year old male, who sustained an industrial injury on 01/07/2014; he reported left triceps injury resulting in triceps tendon rupture. On provider visit dated 02/16/2005 the injured worker has reported continuing with dressing changes and wound care and left elbow wound was noted to be gradually decreasing. There was a small amount of residual swelling and discomfort noted. The diagnoses have included left triceps tendon disruption, status post left triceps tendon repair and status post I& D of left triceps wound abscess with the repair of lefty triceps tendon. Treatment to date has included laboratory studies, physical therapy and medication. The provider requested Voltaren for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Voltaren XR 100md 1/day #30 (DOS: 2/16/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 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 a nonhealing wound which requires wound care. The use of NSAID medication during the wound healing process is a reasonable option. Ongoing use of this medication would require documentation of analgesic efficacy, objective functional proven, and discussion regarding side effects. As such, the currently requested Voltaren XR is medically necessary.