

<b>Case Number:</b>	CM15-0058153		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: North Carolina  
 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 47-year-old female, who sustained an industrial injury on 05/30/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having wrist/forearm pain, shoulder region disease not elsewhere classified, and myofascial pain syndrome/fibromyalgia. Treatment to date has included injection to the right wrist and medication regimen. In a progress note dated 01/14/2015 the treating physician reports complaints of ongoing bilateral wrist and hand pain with a pain rating of a four out of ten with medication and with associated symptoms of weakness and numbness at night. The treating physician also noted a decrease range of motion to the right shoulder and wrist along with tendon sheath tenderness and swelling. The injured worker was also noted to have tendon sheath swelling and tenderness, along with a decreased range of motion to the left wrist. The treating physician requested the medication Voltaren XR 100mg tablet extended release one tablet by mouth twice a day for thirty days with a quantity of 60 with the treating physician noting that this medication assists with the pain so that the injured worker can function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren, Voltaren-XR. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-70.

**Decision rationale:** The California chronic pain medical treatment guideline section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) This medication is recommended at the lowest possible dose for the shortest period of time. The duration of "shortest period of time" is not defined in the California MTUS. The patient has no mentioned cardiovascular, renovascular or gastrointestinal side effects or risk factors. The dosage prescribed is within recommendations. Therefore, the request is medically necessary.