

Case Number:	CM15-0058326		
Date Assigned:	04/03/2015	Date of Injury:	02/19/2014
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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: Emergency 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 55 year old female, who sustained an industrial injury on 02/19/2014. The injured worker is currently diagnosed as having cervical spine sprain/strain, bilateral elbow sprain, and bilateral wrist tendinitis. Treatment to date has included electromyography/nerve conduction studies, heat/cold, wrist splint, and medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of increased left upper extremity symptoms. The treating physician reported requesting authorization for Voltaren XR (Diclofenac ER).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren extended release 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Voltaren/Diclofenac is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse

reactions, MTUS recommends as low dose and short course as possible. Patient has been on NSAIDs chronically, Documentation shows consistent severe pain complaints with no documentation of any improvement on this medication. There is significant risk and sideeffects from prolonged NSAID use. Chronic Voltaren use is not medically necessary.