

<b>Case Number:</b>	CM14-0111693		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/24/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39-year-old female patient with a 10/24/12 date of injury. The exact mechanism of injury has not been described. A progress report dated on 6/12/14 indicated that that patient complained of numbness and tingling in all digits in both hands. She also had pain in her neck and both shoulders. Physical exam revealed mild tenderness in the right radial tunnel and mild bilateral trapezial tenderness. She was diagnosed with bilateral carpal tunnel syndrome and right cubital tunnel syndrome. Treatment to date: medication management. There was documentation of a previous 8/27/14 adverse determination. Voltaren was not certified, based on the fact that in this case the guidelines did not recommend long-term use of Voltaren. Prilosec was not certified because there is no evidence of gastrointestinal events reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium, NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did Rofecoxib (Vioxx), which was taken off the market. However, guidelines do not recommend the long-term use of NSAIDs. In addition there was no significant benefit reported following Voltaren use. Therefore, the request for Voltaren 100 mg #60 was not medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NSAID + low dose ASA).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There was noted that the patient was prescribed with Voltaren since at least 6/12/14. However, there was no documentation of any GI disturbances. In addition, there was no evidence of duodenal or gastric ulcers. The request for Voltaren was not found to be medically necessary. Therefore, the request for Prilosec 20 mg #60 was not medically necessary.