

<b>Case Number:</b>	CM14-0150638		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Alabama. 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:

The patient is 48 year old male who was injured on 06/25/2012 when computer rack rails tipped injuring his right third metacarpal finger and he sustained a fracture. The patient underwent open reduction internal fixation on 07/24/2012 and subsequent hardware removal and manipulation on 01/15/2013. Prior treatment history has included right stellate ganglion block on 07/11/2013. Follow-up reported dated 07/17/2014 states the patient complained of pain in his right hand but has improvement in symptoms with the use of his medications. On exam, he has persistent stiffness involving the digits of the hand in the middle and ring fingers with a tremor noted as well. He had normal capillary refill bilaterally but obvious hyperhidrosis present in each digit of the right hand with no such finding on the left. There was mild diffuse swelling involving the right hand. Extrinsic tightness test was positive in the middle finger, ring, and index digits. The patient is diagnosed with history of ORIF of the right 3rd metacarpal, history of extensor tenolysis procedure with hardware removal with manipulation of the right hand, history of blunt trauma of the right hand, complex regional pain syndrome of the right hand, extensor tendon scarring involving the right hand; and depression secondary to chronic pain. The patient was instructed to continue with Voltaren 100 mg #30 for pain and inflammation. Prior utilization review dated 09/04/2014 states the request for Voltaren 100mg 1 qd #30 is not certified as continuation is not supported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 100mg 1 qd #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal Anti-inflammatory Drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), diclofenac, current online as of 10/14/14

**Decision rationale:** The above MTUS guidelines regarding diclofenac states "Osteoarthritis: 50 mg PO 2--3 times daily or 75 mg PO twice daily. Dosages > 150 mg/day PO are not recommended... Voltaren-XR: 100 m g PO once daily for chronic therapy. Voltaren-XR should only be used as chronic maintenance therapy" and regarding NSAIDS it states "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." In this case, it appears the patient continues to require selective NSAIDs and continues to need NSAIDs due to persistent inflammation as per note on 7/17/14 stating that the voltaren is "provided for the pain & inflammatory disorders plaguing this patient and intolerance to other NSAID medication." It appears first line options and NSAIDs have failed and the patient continues to have painful/inflammatory episodes that require voltaren. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.