

Case Number:	CM14-0152074		
Date Assigned:	09/29/2014	Date of Injury:	11/15/2003
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/18/2014

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 Occupational Medicine 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:

Injured worker is a female with date of injury 11/15/2003. Per primary treating physician's progress report dated 8/1/2014 (hand written with poor reproduction quality), the injured worker complains of right constant increased pain and weakness with loss of motion. She states pain begins at the base of thumb. There is decreased sensation up the arm and forearm. Right wrist physical therapy has started. She complains of numbness and tingling on left and right. Pain is rated at 9/10, described as severe, constant and sharp with numbness. She also complains of left elbow pain. On examination of bilateral wrists, the right is worse than the left. There is tenderness over first compartment, and a volar cyst on right wrist. Finkelstein's is positive, Tinel's is negative. Range of motion is decreased. Left elbow is tender over lateral epicondyle region. Tinel's and Cogan's are positive. Range of motion is normal to decreased. Bilateral shoulders are tender with decreased range of motion and positive impingement. Diagnoses include 1) left knee sprain/strain 2) status post right shoulder surgery x2 3) left elbow injury 4) left elbow medial/lateral epicondylitis 5) right elbow medial epicondylitis 6) GI upset and hypertension 7) left carpal tunnel syndrome status post carpal tunnel release 8) status post carpal tunnel release 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. This injured worker is chronically injured, having a date of injury over 10 years ago. The clinical reports do not address how long she has been treated with NSAID medications, or the efficacy of NSAID pain medications for this injured worker. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines. The request for Voltaren XR 100mg #30 is not medically necessary.