

Case Number:	CM14-0182974		
Date Assigned:	11/07/2014	Date of Injury:	11/28/2011
Decision Date:	12/17/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old female with an injury date of 11/28/11. In progress report dated 08/15/14, the patient complains of extremity pain. Physical examination revealed some tenderness over the palmar surface of both wrists as well as with manipulation of basal joints bilaterally. Per physician' progress report dated 07/24/14, the patient complains of some tingling in both the palms with some residual weakness affecting her grip strength bilaterally. Physical examination reveals mild residual swelling and induration over the right carpal tunnel along with residual tenderness and mild crepitation over both basal joints. Physician report dated 06/05/14 stated that the patient is experiencing "near complete resolution of all tingling and numbness in a substantial attenuation in the degree of pain." The report further indicated that she suffers from some residual right volar wrist pain and weakness in hand. The patient is currently on Naproxen, Protonix, Voltaren and Omprazole, as per progress report dated 08/15/14. The patient underwent left carpal tunnel and ulnar nerve decompression on 09/27/12 and right carpal and cubital tunnel release on 02/12/14, as per the same progress report. She is also doing a home exercise program, as per report dated 08/15/14. Diagnosis, 08/15/14:- Bilateral basal joint arthrosis, improved.- Bilateral shoulder tendinitis, improved.- History of bilateral carpal and cubital tunnel syndrome with wrist tendinitis- Status post left carpal tunnel and ulnar nerve decompression- Status post right carpal and cubital tunnel release. The physician is requesting MEDS X 7 VOLTAREN 100mg 1 PO QD, #30 - DISPENSED 09/15/14. The utilization report being challenged was dated 10/17/14. The rationale was "The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use." Treatment reports were provided from 06/05/14 - 08/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS x1, Voltaren 100mg, 1 po qd, #30-dispensed 9/15/14.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: This patient is status post left carpal tunnel and ulnar nerve decompression, and post right carpal and cubital tunnel release. Her current complaints include some tingling in both the palms with some residual weakness affecting her grip strength bilaterally, as per progress report dated 07/24/14. The request is for meds x 7 Voltaren 100mg 1 PO QD, #30 - dispensed 09/15/14. Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Voltaren was dispensed to the patient from the physician's office on 08/15/14, 07/24/14, 06/23/14, and 06/05/14. In the progress report dated 08/15/14, the physician states that "The medication (does not specify the name) has been very helpful in reducing her symptoms allowing her to continue working." The physician also states that Voltaren is "provided for the extensive inflammatory disorders plaguing this patient and non-tolerance to other NSAID medication." In progress report dated 07/24/14, the treater says that the patient is "gradually improving in regards to strength and endurance." The request is medically necessary.