

<b>Case Number:</b>	CM14-0158080		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 46 year old female with a date of injury of May 30, 2012. Results of the injury include wrist and right upper extremity. Diagnosis included Pain wrist/forearm, shoulder region disease, and myofascial pain syndrome/ fibromyalgia. Treatment has included home therapy, injections, topical, and anti-inflammatory medications. Medical imaging was not provided. Progress report dated August 25, 2014 revealed the right upper extremity to have decreased abduction, pain with abduction, decreased shoulder flexion- wrist showed decreased flexion, pain with flexion, decreased extension, decreased radial bending, pain with radial bending and pain, pain and decreased ulnar bending. Left upper extremity wrist showed tendon sheath swelling, tender and positive Finkelstein's test, decreased flexion with pain, decreased extension, decreased radial bending with pain, and decreased ulnar bending with pain. Work status was noted as modified. Treatment plan included to continue current plan, strengthening program, and modified work duty. Utilization review form dated August 29, 2014 non certified 60 Voltaren XR 100 mg due to noncompliance with MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Voltaren XR 100 Mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile."