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| Case Number: | CM15-0114185 | | |
| Date Assigned: | 07/01/2015 | Date of Injury: | 03/24/2014 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/12/2015 |

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: New York
 Certification(s)/Specialty: Anesthesiology

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 45 year old female, who sustained an industrial injury on 03/24/2014. She has reported subsequent bilateral forearm, wrist and hand pain and was diagnosed with status post chemical burns to both hands, bilateral forearm, wrist and hand tendinitis and bilateral carpal tunnel syndrome. Treatment to date has included medication, hand therapy and a home exercise program. Voltaren was started on 07/30/2014 for chronic pain and inflammation. In a progress note dated 12/03/2014, the injured worker complained of intermittent numbness in the hands that was aggravated by increased use. Objective findings were notable for mild dryness in the skin and positive Tinel's sign at the carpal tunnels bilaterally. The 01/14/2015 progress note documented mild swelling in the hands, mild volar forearm tenderness and positive Tinel's and Phalen's sign bilaterally. Work status was continued as light duties with no heavy, repetitive or forceful use of the hands. Voltaren was authorized for 07/30/2014, 09/03/2014, and 10/15/2014. A request for authorization of Voltaren 100 mg #60 on date of service 12/3/2014 and Voltaren 100 mg #60 on date of service 01/14/2015 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Voltaren 100mg #60 (DOS 12/3/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Diclofenac/Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute pain and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." The documentation submitted shows that Voltaren was started in 07/2014 for chronic pain and inflammation in the hands. In the most recent progress notes dated 12/03/2014 and 01/14/2015, the injured worker was noted to have continued numbness with some pain in the hands documented on 01/14/2015. There was no documentation of the severity of pain nor was there discussion as to the effectiveness of Voltaren at alleviating symptoms and there was no evidence of significant pain relief or objective functional improvement with use. Therefore, the request for authorization of Voltaren on date of service 12/3/2014 was not medically necessary.

Retrospective Voltaren 100mg #60 (DOS 1/14/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Diclofenac/Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute pain and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." The documentation submitted shows that Voltaren was started in 07/2014 for chronic pain and inflammation in the hands. In the most recent progress notes dated 12/03/2014 and 01/14/2015, the injured worker

was noted to have continued numbness with some pain in the hands documented on 01/14/2015. There was no documentation of the severity of pain nor was there discussion as to the effectiveness of Voltaren at alleviating symptoms and there was no evidence of significant pain relief or objective functional improvement with use. Therefore, the request for authorization of Voltaren on date of service 01/14/2015 was not medically necessary.