

<b>Case Number:</b>	CM15-0114628		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	03/05/2003
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male, who sustained an industrial injury on 3/5/03. The mechanism of injury, symptoms nor initial diagnosis was included. Treatment to date has included medication, MRI and radiofrequency ablation. Currently, the injured worker complains of left shoulder, elbows bilaterally, and right wrist pain. He reports continued pain daily. Note dated 3/19/15, from a pain clinic, states the injured worker complains of severe right neck pain, right shoulder region to the right upper arm. The pain interferes with activities of daily living and sleep regimen. The injured worker is on permanent and stationary disability and is currently diagnosed with cervicocranial syndrome, headache, occipital neuralgia, cervical spondylosis, cervical disc displacement, cervical radiculopathy and cervical spondylothesis. Notes dated 11/24/14 and 12/17/14, 1/21/15, 2/18/15, 3/16/15 and 4/15/15, 5/18/15 states the injured worker experiences relief from pain with the medications and allows him to function. The note dated 3/19/15 notes a subtle decrease in sensation in C6 dermatome bilaterally and C4 dermatome on the right side and moderate to severe muscle spasm in the trapezius and right paraspinal muscles of the cervical spine. Note dated 5/20/15 states a 50% improvement since the radiofrequency ablation; however the injured worker continues to experience sharp electrical type pain on the right side of his neck and back of his head lasting only a few seconds. The request for Voltaren XR 100 mg #30 is sought to help with the injured worker's pain, which per documentation has been effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren-XR tab 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects p 67-71.

**Decision rationale:** The claimant sustained a work injury in March 2003 and continues to be treated for neck, bilateral elbow, left shoulder, and right wrist pain. Medications are referenced as being effective and the claimant as having decreased function and increased symptoms without them. Voltaren XR is being prescribed at a dose of 100 mg per day. Guidelines recommend the use of NSAID (non-steroidal anti-inflammatory medications) with caution as an option in the treatment of chronic pain. Dosing of Voltaren-XR is 100 mg PO once daily for chronic maintenance therapy. The dose is within the guideline recommendation and the request was medically necessary.