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| Case Number: | CM15-0115995 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 12/07/2013 |
| Decision Date: | 07/28/2015 | UR Denial Date: | 06/03/2015 |
| Priority: | Standard | Application Received: | 06/16/2015 |

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 41 year old female, who sustained an industrial injury on 12/7/2013. She reported right wrist and neck pain. The injured worker was diagnosed as having right wrist strain with post injury carpal tunnel syndrome. Treatment to date has included medications, injection, and work restrictions. The request is for Voltaren XR 100mg tabs. The documentation shows prescription of voltaren since at least October 2014. The progress notes include ibuprofen in the medication list and also note prescription of voltaren. On 3/9/2015, she complained of sharp pains in her right wrist, and associated numbness, tingling, weakness and a shock type sensation, with radiation up the right upper extremity into the right side of her neck. Physical findings revealed tenderness over the right wrist area, right trapezius, and right neck regions. The treatment plan included: Voltaren XR, therapy, right wrist splint, and electrodiagnostic studies. On 4/30/2015, she complained of continued right hand and wrist pain, and neck pain with radiation into the right underarm area. She is noted to have positive Tinel, Durkin's, and Phalen signs on the right. Work restrictions were noted and were unchanged. The treatment plan included: Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR (extended release) 100 mg Qty 30 (retrospective DOS 4/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; Diclofenac (Voltaren) Page(s): 43, 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: NSAIDs; Diclofenac.

Decision rationale: This injured worker has chronic wrist and neck pain. Voltaren has been prescribed for at least 7 months. Voltaren (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). ODG guidelines do not recommend diclofenac as a first line choice of NSAID due to increased risk profile. Diclofenac even in small doses increases the risk of cardiovascular events. MTUS guidelines recommend NSAIDs for acute exacerbations of chronic low back pain, as a second-line of treatment after acetaminophen, as an option for short term symptomatic relief of chronic low back pain, or for osteoarthritis (including knee and hip) at the lowest dose for the shortest period. The guidelines indicate there is increased risk of GI symptoms with use of multiple NSAIDs. The progress notes list ibuprofen as a current medication and also indicate prescription of Voltaren. The records do not indicate significant pain relief, improvement in functional status, or benefit from the continued utilization of Voltaren. There was no documentation of decrease in work restrictions or improvement in specific activities of daily living as a result of use of voltaren. Therefore, the request for Voltaren XR (extended release) 100mg Qty 30 (retrospective DOS 4/30/2015) is not medically necessary.