

Case Number:	CM15-0116832		
Date Assigned:	06/25/2015	Date of Injury:	04/13/2009
Decision Date:	08/06/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 36 year old male who sustained a work related injury on 4/13/09. He was working on a glass polisher machine. He lifted the motor with his left hand to tighten bolts, As he lifted the motor, the motor powered up and amputated the tip of his left middle finger. The diagnoses have included traumatic injury left finger with amputation of the finger, fracture of left ring finger, repetitive trauma to the cervical spine, sleep disturbances and neuropathic pain syndrome left hand with evidence of carpal tunnel entrapment of right wrist. Treatments have included oral medications, medicated pain cream, Lidoderm patches, physical therapy, left middle finger surgery, left cervical sympathetic blocks and epidural injections, cervical spinal cord stimulator, psychotherapy treatment, use of a protective glove, warm compresses and medical marijuana use. Work status was documented as permanently disabled. The progress notes indicate that naproxyn was prescribed from January to May 2015. In the PR-2 dated 5/28/15, the injured worker complains of significant burning in the arm with allodynia and sensitivity to temperature change. He states pain in better in left hand with use of Lidoderm patches. He states he has stiffness during the day in left hand but that the nonsteroidal anti-inflammatory (NSAID) medication has helped. He does have some dyspepsia and gastritis with use of NSAID and takes Prilosec once a day to help control these symptoms. He states that the NSAID medication helps to decrease how much of the opioid medications he is using. He rates his pain level from an 8+/10 down to a 4/10 on medications. He states he is able to do activities of daily living, shopping, cooking and ride his bike with taking medications. He has significant allodynia and guarding of left arm and tenderness, especially over the dorsum and volar aspect of the wrist. He has tenderness of the cervical paraspinal muscles extending into both trapezius muscles and into the levator scapulae bilaterally. The treatment plan includes a prescription for Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: diclofenac.

Decision rationale: Per CA MTUS guidelines, NSAIDS, such as Voltaren (diclofenac), are recommended at the lowest dose for the shortest period of time for moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." Those who take NSAIDS run the risk of developing gastrointestinal or cardiovascular events. He is already taking Prilosec for gastritis and dyspepsia related to taking NSAID medications. It was noted in prior progress reports that he had been taking another NSAID, Naprosyn, from January 2015 to May 2015. The treating physician did not document the reason for changing naprosyn to voltaren. Diclofenac has a higher cardiovascular risk profile than many other NSAIDs, and should not be the first choice for an NSAID. The treating physician has not provided any indications for using diclofenac rather than other, safer NSAIDs. There was no documentation of functional improvement as a result of use of NSAIDs. Although the NSAIDs were noted to allow reduction in opioid use, work status was noted as permanently disabled, and there was no documentation of improvement in specific activities of daily living as a result of use of NSAIDS. Therefore, the request for Voltaren is not medically necessary.