

<b>Case Number:</b>	CM15-0174518		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 23 year old female who sustained an injury on 10-20-14 resulting from repetitive work and injured her left shoulder, left elbow and left wrist. The patient sustained the injury due to fall from bicycle. She has been treated with physical therapy and injections and remains symptomatic. 2-9-15 she presents with neck pain, shoulder and arm pain. Objective findings range of motion cervical spine was 180 degrees; marked tenderness over the left sternocleidomastoid muscle and trapezius and left shoulder with some restriction of motion. At this exam the treatment plans was to start physical therapy and remain temporarily totally disabled. Diagnoses low back pain; neck pain; rotator cuff tear; pain in joint shoulder; and adhesive capsulitis shoulder. The examination on 2-19-15 objective findings remain at 80 %; lots of muscle spasm around the cervical spine and trapezius without any restriction of motion. The treatment plan was to continue with medication and physical therapy. Medications prescribed Norco 5 mg instead of 7.5 mg #60. The initial orthopedic report on 4-8-15 indicates continued left shoulder, left elbow and left wrist pain with numbness, tingling and weakness of her left arm. X-rays of the left shoulder show mild spurring on the under surface of the acromion; left elbow and forearm show mild soft tissue swelling; left hand show soft tissue swelling. Medications prescribed Hydrocodone 2.5, 325 mg #30; Diclofenac Sodium 100 mg #60; Tramadol HCL ER 150 mg #30; Cyclobenzaprine 7.5 mg #90 and Pantoprazole Sodium 20 mg #60 and again on 5-20-15 along with a request for a urine toxicology screening to check the efficacy of the prescribed medications. MRI cervical spine 6-16-15 was performed and urine toxicology was done on 7-15-15. An examination on 7-3-15 included electrodiagnostic nerve

conduction study of the left upper extremity results were normal; no NCS evidence of a left arm peripheral neuropathy; no EMG evidence of a left C5-T1 motor radiculopathy. The psychological evaluation on 8-5-15 prescribed Hydrocodone 2.5 mg, 325 mg; Diclofenac Sodium 100 mg; Tramadol HCL ER and Cyclobenzaprine 7.5 mg and Pantoprazole Sodium 20 mg. Current requested treatments Voltaren XR 150 mg #30. Utilization review 8-18-15 requested treatment non-certified. The patient has had X-ray of the cervical spine that revealed loss of cervical lordosis; MRI of the cervical spine on 6/16/15 that revealed central canal stenosis and foraminal narrowing. Per the note dated 7/15/15 the patient had complaints of intense pain in the neck and left shoulder. The physical examination of the cervical spine revealed tenderness on palpation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Voltaren XR 150mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 06/15/2015).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Request: Voltaren XR 150mg #30, Voltaren (Diclofen) belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" The patient is having chronic pain and is taking Diclofen for this injury. X-rays of the left shoulder show mild spurring on the undersurface of the acromion; left elbow and forearm show mild soft tissue swelling; left hand show soft tissue swelling. The patient has had X-ray of the cervical spine that revealed loss of cervical lordosis; MRI of the cervical spine on 6/16/15 that revealed central canal stenosis and foraminal narrowing. Per the note dated 7/15/15 the patient had complaints of intense pain in the neck and left shoulder. The physical examination of the cervical spine revealed tenderness on palpation. NSAIDS like Diclofenac are first line treatments to reduce pain. The patient has chronic pain with significant objective abnormal findings. Voltaren XR 150mg #30 use is medically necessary in this patient.