

Case Number:	CM15-0066648		
Date Assigned:	04/14/2015	Date of Injury:	05/30/2012
Decision Date:	06/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/08/2015

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, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old female, who sustained an industrial injury on May 30, 2012 incurring right shoulder injuries, wrists and hands. Treatment included acupuncture, steroid injections, pain management, topical pain gel, and anti-inflammatory drugs. She was diagnosed with cervical radiculitis, and carpal tunnel syndrome. Currently, the injured worker complained of persistent right upper extremity pain and stiffness to the forearm and wrist. The treatment plan that was requested for authorization included a prescription for Voltaren XR and a drug screen, routine urine creatinine.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Voltaren XR 100mg tablet extended release: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line medication for chronic musculoskeletal pain. A prior physician review concluded that Voltaren is only a 2nd line NSAID; however, MTUS does not support this conclusion but rather provides discretion to the treating physician. Thus, this request is medically necessary.

Drug screen, qualitative, single drug class in a qty of 6 assay of urine creatinine - routine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: MTUS recommends drug testing as an option to assess for aberrant behavior. However, in this case the records do not clearly document ongoing prescriptions for potential drugs of abuse. The records also do not contain risk stratification data upon which to determine an appropriate frequency of random drug testing. Thus, this request is not medically necessary.