

Case Number:	CM15-0070728		
Date Assigned:	04/20/2015	Date of Injury:	05/28/2012
Decision Date:	05/19/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/14/2015

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: Florida

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 61 year old female who sustained an industrial injury on 05/28/2012. Current diagnoses include DeQuervain's syndrome and carpal tunnel syndrome. Previous treatments included medication management and injection. Report dated 02/13/2015 noted that the injured worker presented with complaints that included left arm pain, and pain in the thumb that radiates to her tricep. Pain level was not included. Current medication regimen includes Tramadol, Prilosec, and Lyrica. The injured worker also noted that Lyrica causes dizziness. Physical examination was positive for abnormal findings. The treatment plan included a discussion of treatment options which include a cortisone injection, but the injured worker wishes to manage her pain with medication, Voltaren was prescribed and the Lyrica dosage was to be halved. Disputed treatments include Voltaren 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75 MG 1 Tab BID #60 30 Day Supply with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Utilization review approved this request for Voltaren (minus refills) since the patient has been having functional improvement with this medication. Independent Medical Review is in agreement with Utilization review that these refills should not be authorized as the patient will need continued reassessment to determine the need for continuation of this medication, as chronic use of NSAIDS is not indicated. Likewise, this request for Voltaren with refills is not medically necessary.