

<b>Case Number:</b>	CM14-0140507		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the documents available for review, the patient is a 46-year-old female. The date of injury is May 30, 2012. The patient sustained an injury to her right wrist. The specific mechanism of injury was not elaborated on in the notes available for review. The patient currently reports pain center in the right wrist rated 8 out of 10 in severities. The patient's current diagnosis is carpal tunnel syndrome. The patient is currently maintained on a multimodal payment pain medication regimen including Voltaren. A request for full Voltaren was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Decision for Retrospective Request for Voltaren Xr 100mg #60 (Dos 7/2/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

**Decision rationale:** According to the MTUS Anti-Inflammatories are the traditional first lines of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There has been a recommendation to measure liver transaminases within

4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. According to the documents available for review, it appears that the patient is taking this medication for long-term therapy of a chronic condition. Given the increased risks associated with long-term use of this medication and no documented evidence that the lowest possible dose is being used for the shortest period, the requirements for treatment have not been met, and medical necessity has not been established.

**Retrospective request for Voltaren XR 100mg #60 (DOS 6/4/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

**Decision rationale:** According to the MTUS Anti-Inflammatories are the traditional first lines of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. Overall Dosing Recommendation: It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. According to the documents available for review, it appears that the patient is taking this medication for long-term therapy of a chronic condition. Given the increased risks associated with long-term use of this medication and no documented evidence that the lowest possible dose is being used for the shortest period, the requirements for treatment have not been met, and medical necessity has not been established.