

<b>Case Number:</b>	CM14-0141981		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/20/2011
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Management and is licensed to practice in California. 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 records made available for review, this is a 49-year-old male with a 12/20/11 date of injury, and right shoulder arthroscopic subacromial decompression, Mumford procedure, coracoplasty, and in situ ulnar nerve release on 7/19/13. At the time (8/23/14) of Decision for Voltaren ER 100MG #30 with 3 refills, there is documentation of subjective (mild residual right ulnar nerve distribution numbness) and objective (not specified) findings, current diagnoses (chronic pain syndrome and status post right shoulder arthroscopic subacromial decompression, Mumford procedure, coracoplasty, and in situ ulnar nerve release at the elbow), and treatment to date (medications (including ongoing treatment with Voltaren ER, Norflex and Ambien, which relieves the effects of patient's industrial injury and allows the patient to function at the current level)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VOLTAREN ER 100MG #30 WITH 3 REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome and status post right shoulder arthroscopic subacromial decompression, Mumford procedure, coracoplasty, and in situ ulnar nerve release at the elbow. In addition, there is documentation of ongoing treatment with Voltaren. Furthermore, given documentation that Voltaren relieves the effects of patient's industrial injury and allows the patient to function at the current level, there is documentation of functional benefit and a reduction in work restrictions as a result of Voltaren use. Therefore, based on guidelines and a review of the evidence, the request for Voltaren ER 100MG #30 with 3 refills is medically necessary.