

Case Number:	CM14-0007705		
Date Assigned:	04/18/2014	Date of Injury:	08/09/2000
Decision Date:	06/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational Medicine 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:

This is a 60-year-old male patient with 8/9/00 date of injury. He underwent repair of the rotator cuff of the left shoulder (2 times). The patient also underwent SLAP repair, sub acromial decompression of left shoulder on 7/20/05 and left shoulder arthroscopy on 3/13/05. There was indication that the patient underwent right shoulder arthroscopic sub acromial decompression, rotator cuff repair on a 2/14/13. 6/4/13 progress report indicates excellent wound healing, no signs of infection, but residual rotor cuff muscle weakness at 5-/5. Diagnoses include resolving right upper extremity RSD (Reflex sympathetic dystrophy). The patient was planned for Physical Therapy and home exercise. There is documentation of a previous 12/23/13 adverse determination, based on the fact that there was lack of documentation to support the necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SOD EC 50 MG #60 1BID WITH TWO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient underwent a prolonged and complex surgical history with multiple arthroscopic procedures to the bilateral shoulders. However, there was no recent comprehensive assessment of the patient's residual pain complaints that would establish requirement for ongoing analgesic medication. There is a complete lack of assessment of efficacy of previous Diclofenac therapy. It is unclear whether the patient is monitored for side effects. Therefore, the request for Diclofenac Sodium EC 50 mg #60 with two refills was not medically necessary or appropriate.