

Case Number:	CM14-0106067		
Date Assigned:	07/30/2014	Date of Injury:	03/03/2014
Decision Date:	08/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 50-year-old female who reported an injury on 03/03/2014 due to falling on her back while redirecting a child with behavioral issues. The child fell on top of her. Diagnoses for the injured worker were joint pain, localized in the right shoulder, and backache. Past treatment plans for the injured worker were medications, physical therapy, and work restrictions. MRI dated 07/10/2014 revealed full thickness tear of the distal right supraspinatus tendon. A small right shoulder joint effusion, tiny focal bony reactive cystic changes of the right humeral head were noted. There were no reported surgeries. Physical examination on 07/21/2014 revealed complaints of right shoulder and upper back pain and she rated her pain at 7/10 on the VAS. Physical examination revealed gait and station were normal. Palpatory findings included no bilateral muscle spasms. Range of motion was full. Tenderness was noted in the deltoid and supraspinatus muscle. Forward flexion was painful, restricted range of motion was to 90 degrees. Abduction was painful and restricted with a range of motion to 80 degrees. Special tests were positive Hawkin's test, positive Neer test and positive lift off test. Medications were Cyclobenzaprine, Diclofenac, Carvedilol, Hydrochlorothiazide and Lisinopril. Current treatment plan for the injured worker was to schedule an MRI of the right shoulder, continue medications as prescribed, work restrictions with limited overhead reaching, and physical therapy. The plan was to send the injured worker to an orthopedic physician. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68; 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,70, 71.

Decision rationale: The request for Diclofenac 50 mg is not medically necessary. The California Medical Treatment Utilization Schedule states recommended for the treatment of osteoarthritis (including knee and hip). It is also recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. For the treatment of back pain or acute exacerbations of chronic pain NSAIDs are recommended as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. It was noted that the injured worker was taking Lisinopril. The medical guideline states for hypertensive patients on NSAIDs, there is a potential to raise blood pressure in susceptible patients. The request is for Diclofenac 50 mg and the medical guidelines state Diclofenac is used for osteoarthritis and 50 mg by mouth 2 to 3 times daily or 75 mg by mouth twice daily. The injured worker was not diagnosed with osteoarthritis. The request submitted does not indicate the frequency of the medication. The efficacy for this medication was not noted. Therefore, the request is not medically necessary.