

Case Number:	CM14-0123112		
Date Assigned:	08/08/2014	Date of Injury:	02/08/2012
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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 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:

The injured worker is a 52-year-old female who reported an injury on 02/08/2012. The mechanism of injury was not provided for clinical review. Previous treatments included acupuncture and medication. The diagnoses included right carpal tunnel release surgery, left carpal tunnel release syndrome, cervical neck pain, and epidural steroid injections. Within the clinical note dated 05/29/2014, it was reported the injured worker complained of constant pain in the cervical spine, which was aggravated by repetitive motion of the neck, pushing, pulling, lifting, forward reaching, and working at or above shoulder level. She described her pain as sharp pain. She reported the pain radiated into the upper extremities. She rated her pain 7/10 in severity. Upon the physical examination, the provider noted the injured worker to have tenderness to palpation of the paravertebral muscles with spasms. The injured worker had positive axial loading compression test noted. The injured worker had a positive Spurling's maneuver. The provider indicated the range of motion was limited due to pain. The request as submitted was for Diclofenac. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 07/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER (Voltaren SR) 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium; Diclofenac Potassium. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS note Diclofenac is indicated for the relief of osteoarthritis pain of the joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for the treatment of the spine, hip, or shoulder. There is a lack of documentation indicating the injured worker was treated for or diagnosed with osteoarthritis. The request as submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is not medically necessary.