

Case Number:	CM14-0139502		
Date Assigned:	09/05/2014	Date of Injury:	12/09/2010
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine and is licensed to practice in California, North Carolina, Colorado and Kentucky. 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 51 year old female injured on 12/09/10 due to cumulative trauma while performing duties as a custodian resulting in pain to the neck, back, shoulders, right hand, and right wrist. Clinical note dated 07/18/14 indicated the injured worker presented complaining of neck pain and back pain described as aching, burning, and stabbing with associated numbness and pins and needle sensation radiating to bilateral upper extremities and lower extremities. Injured worker rated pain at 7/10. Physical examination revealed tenderness, spasm, tightness in paracervical musculature of cervical spine, and multiple trigger points bilaterally, and reduced range of motion of the cervical spine. Additional physical examination findings included difficulty with overhead reach, guarding, and involuntary spasm bilateral trapezius muscles, decreased sensation at C5-6 dermatomal levels, decreased grip strength bilaterally, loss of motion with pain in the lumbar spine, sciatic stretch sign positive on the right, and decreased sensation at L5 dermatomal layer. Diagnosis included C5-6 disc herniation, bilateral shoulder impingement syndrome, lumbar spine sprain/strain, surgical spine discopathy, lumbar spine discopathy, left shoulder pain, right knee instability, and carpal tunnel syndrome. The injured worker received intramuscular injections of Toradol and B12 complex prescriptions for diclofenac and Flexeril provided. The initial request was non-certified on 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TR335104 Medication Diclofenac 75 mg; one PO BID PRN Qty: 60 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64, 69. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren) Page(s): 43.

Decision rationale: Diclofenac is not recommended as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral/topical diclofenac products may increase liver dysfunction and use has resulted in liver failure and death. The United States FDA advised physicians to measure transaminases periodically in patients receiving long-term therapy with diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such, the request for Diclofenac 75 mg; one by mouth twice a day as needed, Qty: 60, Refills: 3 is not medically necessary.