

Case Number:	CM14-0144219		
Date Assigned:	09/12/2014	Date of Injury:	05/10/2012
Decision Date:	12/04/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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 & 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 60-year-old male who reported an injury on 05/10/2012. The mechanism of injury was not stated. The current diagnoses include chronic rotator cuff tear in the right shoulder, frozen right shoulder, right shoulder status post arthroscopy, biceps tendon rupture on the right, cervical strain, right upper extremity radiculitis, and lumbar strain. The injured worker is noted to be status post rotator cuff repair in 03/2013 and reverse total shoulder replacement in 07/2014. The injured worker was evaluated on 07/18/2014 with complaints of persistent pain in the right upper extremity and lower back. The injured worker also reported moderate to severe neck pain with radiculitis in the right upper extremity. Previous conservative treatment is noted to include physical therapy and medication management. The physical examination revealed tenderness over the paracervical musculature, 30 degrees of cervical extension, pain with extension and lateral bending of the cervical spine, an antalgic gait, tenderness in the paralumbar musculature, 60 degrees of forward flexion with pain, 30 degrees of extension with pain, a positive Popeye deformity in the biceps rupture, 4/5 resisted abduction strength, 30 degrees of resisted external rotation strength at 4/5, abduction at 30 degrees, and 60 degrees of forward flexion. Treatment recommendations at that time included continuation of the current medication regimen of diclofenac XR 100 mg, omeprazole 20 mg, and tramadol ER 150 mg. A Request for Authorization form was then submitted on 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 mg #60: 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): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There is no documentation of objective functional improvement, despite the ongoing use of this medication. There is also no frequency listed in the current request. The California MTUS Guidelines do not recommend long term use of NSAIDs. The injured worker has utilized this medication since at least 01/2014. Based on the clinical information received and the California MTUS Guidelines, the current requested Diclofenac 100 mg #60 is not medically necessary and appropriate.