

Case Number:	CM14-0164214		
Date Assigned:	10/09/2014	Date of Injury:	05/12/2014
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/06/2014

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:

This 29 year-old patient sustained an injury on 5/12/14 while employed by [REDACTED]. Request(s) under consideration include Diclofenac XR 100mg daily #30. Diagnoses include left shoulder strain and bilateral sacroiliac joint pain. Report of 8/14/14 from the provider noted the patient taking medications listing Ibuprofen and Baclofen. The patient did not tolerate Tramadol, Norco, Nabumetone, and Methocarbamol with side effects. Report of 8/20/14 noted lower back pain radiating to legs; left shoulder and arm pain unchanged with limitations performing ADLs. Exam of left shoulder showed flex/abd/ER/IR range of 90/100/50/60 degrees; positive Hawkin's on left; tenderness of paraspinal cervical muscles; lumbar with flex/ext/side bending and rotation of 40/10/15 degrees with tenderness at paraspinal muscles and sciatic notch on right; positive facet loading maneuvers bilaterally; positive SLR at 50 degrees; decreased motor strength of 4+/5 with left shoulder flex and abduction; otherwise unremarkable. Treatment included Tramadol ER and Diclofenac as well as Prilosec. The request(s) for Diclofenac XR 100mg daily #30 was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac XR 100mg daily #30 is not medically necessary and appropriate.