MAXIMUS Federal Services

Case Number:	CM14-0024218		
Date Assigned:	06/11/2014	Date of Injury:	11/16/2000
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 Preventive Medicine and is licensed to practice in Iowa. 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 patient is a 56 year old employee with a date of injury of 11/16/00. Medical records indicate the patient is undergoing treatment for bilateral carpal tunnel syndrome, status post carpal tunnel release in 2001, C5-6 degenerative joint disease, and lumbar spine joint disease . Subjective complaints include neck pain, back pain, left ankle pain, and left foot pain. Objective findings include tenderness of the cervical spine, paraspinal spasm, neck pain on range of motion testing, tenderness of the lower lumbar spine and bilateral decreased grip strength. Treatment for her carpal tunnel syndrome, status post carpal tunnel release in 2001, and C5-6 degenerative joint disease and lumbar spine joint disease has consisted of Lidoderm adhesive patches, 1% Voltaren gel, Methacarbamol tablets, Savella tablets, Talacen tablets, and Zipsor Capsule . The utilization review determination was rendered on 1/13/14 recommending non-certification of Zipsor Capsule 25mg (Diclofenac).

IMR ISSUES, DECISIONS AND RATIONALES

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

ZIPSOR CAPSULE 25 MG (DICLOFENAC): 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. The ODG also states that Diclofenac is "Not recommended as first line due to increased risk profile. If using Diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." As such, the request is not medically necessary.