

Case Number:	CM14-0036876		
Date Assigned:	06/25/2014	Date of Injury:	12/10/2009
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 47 year old female who has reported to have a date of injury on 12/10/09. The mechanism is not described. However, it would appear that the injured worker sustained injuries associated with cumulative trauma. The records indicate that the injured worker is undergoing carpal tunnel releases on 09/10 and a radial tunnel release on 04/10. She has been treated with stellate ganglion blocks and there is a current recommendation for a spinal cord stimulator trial. The records indicate that the injured worker has complaints of 7-8/10 on a visual analog scale without medications and 3/10 with medications. The record contains the number of Urine Drug Screens which were inconsistent with her prescription profile. Those are dated 08/12/13, 09/12/12, and 10/23/13. The records indicate that the injured worker has diffused tenderness over the right upper extremity including the shoulder. She has reduced right shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofen Sodium 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: The submitted clinical records report that the injured worker receive significant benefit from oral medications. However, the record does not establish the degree of contribution that this medication to this reported decrease of visual analog scores. Additionally, it is noted that the injured worker has developed medication-induced gastritis most likely secondary to the Diclofenac and as such, continued use does not appear to be indicated. The request for Diclofenac Sodium 100mg #60 is not medically necessary.