

Case Number:	CM14-0050609		
Date Assigned:	07/07/2014	Date of Injury:	12/05/2006
Decision Date:	08/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/18/2014

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:

The injured worker is a 52-year-old female with a reported date of injury on 12/05/2006. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post right carpal tunnel release, status post left carpal tunnel release, right shoulder labral debridement, subacromial decompression, partial distal clavicle resection, rotator cuff debridement, and a redo of right shoulder surgery. Her previous treatments were noted to include physical therapy, surgery, acupuncture, and medications. The progress report dated 02/25/2014 reported the injured worker complained of numbness to the right hand and pain to the right wrist. The physical examination revealed decreased range of motion to the shoulder and noted right shoulder impairments. There was positive Tinel's to the right wrist noted. The Request for Authorization Form was not submitted within the medical records. Her medications were noted to include omeprazole 20 mg one twice a day, Neurontin 600 mg three times a day, and Voltaren XR 100 mg one daily. The retrospective request with a date of service of 02/25/2014 for Diclofenac sodium ER 100 mg tablets #100 did not provide a provider's rationale within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with a date of service of 2/25/2014 for Diclofenac Sodium ER 100mg tablets #100: 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 NSAIDS Page(s): 67.

Decision rationale: The retrospective request with a date of service of 02/25/2014 for Diclofenac sodium ER 100 mg tablets #100 is not medically necessary. The injured worker has been taking this medication since at least 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs for osteoarthritis (including knee and hip) at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, especially for patients with moderate to severe pain. The guidelines recommend NSAIDs as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. The guidelines also recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. There is a lack of documentation regarding efficacy of this medication or improved function. Additionally, the request did not provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.