

Case Number:	CM14-0090126		
Date Assigned:	07/23/2014	Date of Injury:	04/23/1997
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Emergency Medicine 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 patient has a reported date of injury of 4/23/1997. The mechanism of injury was described as a wrist injury after catching it and twisting it. The patient has had several other reported claimed injuries since the initial event. The patient has a diagnosis of bilateral carpal tunnel syndrome, cervical spine herniation nucleus pulposus, lumbar spine herniated disc, right shoulder tendinitis and a history of hypertension/diabetes. The medical records were reviewed. The last report available was until 5/21/14. The patient has complaints of bilateral hand pains with numbness and tingling, weakness to the hands, pain to left wrist waxes and wanes and worsens with gripping and use of the hand. There are notes of numbness and tingling to the first two fingers of the affected hand. The patient also complaints of the neck, right shoulder and low back pains. Medications were given to reduce the pain from 6-8/10 to 4-7/10. Objective exam reveals positive Tinel and Phalen's test on the right hand. There is decreased sensation to the thumb, index and middle finger. There is normal range of motion. There is cervical tenderness to palpation and decreased range of motion (ROM). The right shoulder also reveals tenderness with decreased ROM. The lumbar spine reveals tenderness with no swelling and spasms with decreased ROM. The report states that patient had and Electromyography and Nerve Conduction Velocity (EMG/NCV) that showed left carpal tunnel syndrome. The date of the report and the full report was not provided for review. There was no other advanced imaging like MRIs or CTs that were provided for review. There was no medication list provided. The only medicine that is mentioned in the notes is Diclofenac. The patient had reportedly undergone physical therapy in the past and is currently doing home exercise and wears a wrist brace at night. Independent Medical Review is for Diclofenac Sodium 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68,71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAIDs(Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Diclofenac is a Non-Steroidal Anti-Inflammatory Drug (NSAID). As per the MTUS Chronic Pain Guidelines, NSAIDs, especially Diclofenac, is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis which this patient does not have. It may be used for chronic low back pains but recommendations are for low dose and short course only. There are significant side effects if used chronically especially with patient's history of hypertension and diabetes. Records state that the patient is chronically on diclofenac and shows mild improvements with medication use. There is not enough documentation to show proper caution and monitoring for side effects to recommend continued chronic use of diclofenac. Such as, Diclofenac Sodium 100mg #60 is not medically necessary.