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| Case Number: | CM14-0191698 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 11/18/2012 |
| Decision Date: | 01/12/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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, has a subspecialty in Pain 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:

This is a female patient with a date of injury of November 18, 2012. A utilization review determination dated October 21, 2014 recommends non-certification of diclofenac XR 100 mg #60. A progress note dated September 22, 2014 identifies subjective complaints of continued moderate to severe pain of both wrists left greater than right, as well as significant back and right shoulder pain. The patient's pain is improved with rest and is worsened with activities. The physical examination of the right shoulder reveals a positive Neer's test, positive Hawkin's test, tenderness to palpation of the AC joint, and positive crossover test. The examination of bilateral elbows reveals positive Tinel's of the cubital tunnel, and diminished sensation of the ulnar nerve distribution to bilateral hands. The physical examination of the left wrist reveals positive compression tests, and positive Finkelstein's test. The examination of the right wrist reveals tenderness over the dorsal and volar tendons. The diagnoses include right shoulder impingement syndrome, bilateral elbow cubital tunnel syndrome, and bilateral wrist tendinitis. The treatment plan recommends a request for authorization for a left wrist cock up wrist splint to relieve symptoms, awaiting authorization for the indicated treatment, a prescription for diclofenac XR 100 mg #60, a prescription for omeprazole 20 mg #60, and a prescription for tramadol ER 150 mg #60. The medications continue to give the patient some increased functional ability and pain relief. An appeal letter, dated November 10, 2014, for the denial of diclofenac XR 100 mg #60 reveals that the patient reports functional tolerance, improved pain scale, and improve normal daily activities with the use of diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 71, and 78 - 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009), Page(s): 67-72.

Decision rationale: Regarding the request for diclofenac XR 100mg #60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or that the diclofenac is being used for the short-term. In the absence of such documentation, the request for Diclofenac XR 100mg #60 is not medically necessary.