MAXIMUS Federal Services

Case Number:	CM14-0193695		
Date Assigned:	12/01/2014	Date of Injury:	09/19/2005
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 Orthopedic Surgery 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 59-year-old female who reported an injury on 09/19/2005. The mechanism of injury was not provided. Her diagnoses were noted to include status post medial fasciectomy and carpal tunnel release; lateral epicondylitis; status post arthroscopy, subacromial decompression, and AC joint resection; compensatory right shoulder rotator cuff tendinitis; cervical strain; cervical spine disc herniation, facet arthropathy; radiculopathy; and depression. Past treatments included medications and psychotherapy. Her surgical history was noted to include 2 left shoulder surgeries, a hysterectomy, a left knee surgery, bilateral breast reduction, a tummy tuck, and a laparoscopic cholecystectomy. On 12/02/2014, the injured worker complained of continuing pain and constant headaches. Her pain level was rated at a 5/10 to 10/10. The physical examination revealed a positive Spurling's test, tenderness to palpation over the paracervical musculature, positive muscle spasms, and diminished sensation of the right thumb. Range of motion was 20 degrees of flexion and 10 degrees of extension with pain. Her current medications were not listed. The treatment plan included continuation of chronic pain management and an epidural injection. A request was received for associated surgical service: Diclofenac XR 100 mg #60. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for associated surgical service: Diclofenac XR 100 mg #60 is not medically necessary. California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, as there is no evidence of long-term effectiveness for pain or function. The clinical notes indicate that the injured worker has been taking Diclofenac XR 100 mg since at least 10/07/2014 and reports her symptoms have not improved since the last doctor's visit. As the guidelines do not recommend NSAIDs for long term use, the request is not supported. Therefore, the request is not medically necessary.