

<b>Case Number:</b>	CM14-0203297		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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:

This is a 46 year old female with a work related continuous trauma injury dating 08/31/1998-02/09/2004 and 03/12/2013-03/12/2014. On 10/17/2014, [REDACTED] noted subjective complaints of work related injury to bilateral elbows and bilateral hands/wrists. There was objective finding of tenderness of bilateral epicondyle and olecranon process. Tinel and Phalen signs are positive at the wrist. Diagnoses included cervical spine sprain/strain, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, right shoulder pain, right elbow pain, bilateral upper extremity overuse tendinopathy, worsening of recurrence carpal tunnel syndrome, elbow epicondylitis, and elbow tendinitis. Treatments have consisted of Transcutaneous Electrical Nerve Stimulation unit and medications with previous surgeries. Diagnostic testing included urine drug screening, but results were not noted in follow up visits. Work status is noted as temporarily totally disabled. The medications listed are gabapentin and Diclofenac XR. The patient had previously reported stomach irritation with the use of Motrin which was no longer effective in controlling the pain. On 11/04/2014, Utilization Review denied the request for Diclofenac XR 100mg #30 citing California Medical Treatment Utilization Schedule Guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

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

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbations of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiac, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest period. The records indicate that the patient indicated that Motrin was causing stomach upset and was no longer effective. It was decided that another NSAIDs should be tried. The criteria for the use of Diclofenac XR 100 mg #30 were met.