

Case Number:	CM15-0006352		
Date Assigned:	01/26/2015	Date of Injury:	11/09/2010
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 50 year old female sustained a work related injury on 11/09/2010. According to a progress report dated 12/17/2014, the injured worker complained of left shoulder pain. Pain was rated 4 on a scale of 0-10 without medications, as noted on the prior exam. Pain was improved with medications. Treatments have included physical therapy and steroid injections. Side effects of medications included none. The dosage of Diclofenac Sodium was 50mg tablet delayed released 2 tablets twice a day. Assessment included rotator cuff tear, complete rotator cuff tear, carpal tunnel syndrome and anxiety and depression. The injured worker continued to have pain daily and range of motion was limited. On 12/29/2014, Utilization Review modified Diclofenac DR 50mg #120 x 2 refills. According to the Utilization Review physician, there was a lack of quantified and functional pain score benefit noted. Guidelines state that anti-inflammatories should be used for the shortest amount of time at the lowest dosage. The requested medication was weaned as guidelines do not recommend diclofenac above 150mg per day. Guidelines cited included the Official Disability Guidelines, <http://www.odg-twc.com/odgtwc/pain.htm#DiclofenacSodiumListing>. The 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 DR 50mg #120 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-selective NSAIDs

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Diclofenac for several months. The claimant required the use of a proton pump inhibitor to manage the prevent the side effects of Diclofenac. There was no indication of Tylenol failure. In addition, the severity of pain without medications was only 4/10 Long-term NSAID use has renal and GI risks. Continued use of Diclofenac is not medically necessary.