

Case Number:	CM15-0138279		
Date Assigned:	07/28/2015	Date of Injury:	05/15/2014
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/16/2015

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: California, North Carolina

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:

The injured worker is a 51 year old female, who sustained an industrial injury on 5/15/14. She reported pain in her right elbow related to repetitive motions. The injured worker was diagnosed as having right lateral epicondylitis and right shoulder pain. Treatment to date has included a cortisone injection on 8/6/14, physical therapy, Tramadol, Prilosec and Diclofenac. As of the PR2 dated 5/27/15, the injured worker reports pain in her right arm and elbow. She rates her pain a 7/10 at best and an 8/10 at worst. Objective findings include full range of motion in the right elbow and wrist and a negative Tinel's sign. The treating physician requested Diclofenac XR 100mg #30.

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: Upheld

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

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

Decision rationale: CA MTUS supports the use of NSAIDs as a first-line, short-term treatment for musculoskeletal pain. However, long-term use may run the risk of adverse GI or cardiovascular side effects. The intermittent usage of NSAIDs for flares of musculoskeletal pain may help reduce the incidence of adverse events. In this case, the patient is being prescribed the NSAID Diclofenac. There is an absence in the medical records of monitoring for adverse effects. There is also a lack of documentation of functional improvement to warrant refills of this medication. Refills cannot be recommended with evidence of functional improvement, pain relief and monitoring for adverse events in the medical record. Therefore, the request is deemed not medically necessary.