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| Case Number: | CM15-0141011 | | |
| Date Assigned: | 07/30/2015 | Date of Injury: | 09/13/2011 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

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

Certification(s)/Specialty: Emergency Medicine

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 was a 53 year old male, who sustained an industrial injury, September 13, 2011. The injury was sustained when the injured worker fell out of a truck, injuring the left upper extremity. The injured worker previously received the following treatments Diclofenac XR, Omeprazole, Ondansetron, Tramadol, some functional improvement, x-rays of the left upper extremity, TENS (transcutaneous electrical nerve stimulator) unit and Left wrist MRI noted widening of the scapholunate interval measures 3-4mm, 1-2mm focus of cystic change involves the proximal pole of the scaphoid. The injured worker was diagnosed with chronic recalcitrant lateral epicondylitis left elbow, rule out internal derangement of the left wrist, contracture of the left wrist, and rule out carpal tunnel syndrome of the left wrist and left wrist tendinitis.

According to progress note of May 22, 2015, the injured worker's chief complaint was back pain had improved substantially. The injured worker only had moderate intermittent pain that was sharp in nature. The left elbow continued to cause substantial pain, especially with lifting with the left arm to the side and use of the left arm. The injured worker was having pain when lying on the left arm. The physical exam of the left elbow noted no tenderness over the medial epicondyle. There was tenderness over the lateral epicondyle. There was pain with resisted wrist flexion and long finger extension. The left wrist was positive for Tinel's sign, Phalen's test and median nerve compression testing. The range of motion of the left wrist was diminished flexion 40 degrees, extension was 40 degrees. The treatment plan included a prescription refill for Diclofenac XR.

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 NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenac XR 100mg # 60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain that was sharp in nature. The left elbow continued to cause substantial pain, especially with lifting with the left arm to the side and use of the left arm. The injured worker was having pain when lying on the left arm. The physical exam of the left elbow noted no tenderness over the medial epicondyle. There was tenderness over the lateral epicondyle. There was pain with resisted wrist flexion and long finger extension. The left wrist was positive for Tinel's sign, Phalen's test and median nerve compression testing. The range of motion of the left wrist was diminished flexion 40 degrees, extension was 40 degrees. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenac XR 100mg #60 is not medically necessary.