

Case Number:	CM15-0165408		
Date Assigned:	09/02/2015	Date of Injury:	01/03/2012
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 is a 48 year old male, who sustained an industrial injury on January 3, 2012, incurring wrists, hands, right arm, right elbow, right shoulder and back injuries from a slip and fall. He was diagnosed with right wrist carpal tunnel syndrome, right wrist DeQuervains, left wrist ganglion cyst and lumbago. He underwent surgical removal of the left wrist ganglion cyst. Treatment included anti-inflammatory drugs, pain medications, steroid injections, physical therapy and work restrictions. Currently, the injured worker complained of persistent bilateral hand pain. He rated his pain with medications 6.5 on a scale of 1 to 10 and without medications as 8.5 on a pain scale of 1 to 10. He had difficulty sleeping with minimal loss of range of motion. The treatment plan that was requested for authorization included a prescription for Diclofenac Potassium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Potassium 50mg 1 bid as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Diclofenac Potassium 50mg 1 bid as needed #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Diclofenac is not recommended as first line due to increased risk profile and per a large systematic review of available evidence on NSAIDs confirms that diclofenac, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The MTUS guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. There is no evidence to recommend one drug in this class over another based on efficacy. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Diclofenac is not medically necessary, as the guidelines recommend against Diclofenac use due to increased risk profile. Additionally, the documentation indicates that the patient has failed Ibuprofen, Nabumetone in the past, however the MTUS states that there is no evidence to suggest one NSAID over another in regards to efficacy. Furthermore, the patient has been on NSAIDs long term and the guidelines do not support long-term NSAID use. For these reasons, the request for Diclofenac is not medically necessary.