

Case Number:	CM15-0191620		
Date Assigned:	10/06/2015	Date of Injury:	01/22/2014
Decision Date:	11/17/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 43 year old female who sustained an industrial injury on 1-22-14. A review of the medical records indicates she is undergoing treatment for left shoulder impingement and bursitis, left shoulder tendinosis, left knee meniscus tear, bilateral knee degenerative joint disease, right knee ACL tear, and left ulnar neuritis. Medical records (3-9-15 to 6-16-15) indicate complaints of left shoulder and bilateral knee pain. The report (6-16-15) indicates she "has had no significant changes" since the last visit. She received a corticosteroid injection in the left shoulder on the last visit, 12-17-14, which resulted in "moderate" pain relief. She reports that "a couple of hours" after the injection, her left arm "went numb". She reports that she is "worried that she may be allergic to the injection". She reports "better range of motion after the injection". She reports that her left shoulder pain is "sharp pain that shoots from the shoulder into her chest and into the shoulder blade". She rates the pain "5 out of 10". She also reports a "sharp" pain in the left elbow, rating it "6-7 out of 10". She describes her bilateral knee pain as "stabbing" pain and rates it "2 out of 10". The physical exam (6-16-15) reveals the left shoulder range of motion of 180 degrees flexion, 60 degrees extension, 90 degrees abduction, and 30 degrees external rotation on active range of motion. Diffuse tenderness to palpation is noted. Hawkins and O'Brien's tests are positive. The left elbow exam reveals 150 degree flexion, 0 degree extension, 70 degrees pronation, and 85 degrees supination on active range of motion. No tenderness to palpation of the left elbow is noted. The right knee flexion is 130 degrees with 0 degree extension. Tenderness to palpation is noted at the medical joint line, MCL, and posterior knee. There is pain and crepitus with range of motion. The left knee range

of motions is the same as the right knee with tenderness to palpation at the medial joint line, MCL, and posterior knee. There is also noted pain and crepitus with range of motion of this knee. Diagnostic studies have included x-rays of bilateral knees, the left shoulder, and bilateral hands. MRIs have been completed of the left shoulder and bilateral knees. She underwent EMG-NCV of bilateral upper extremities, as well as a CT of the head. Treatment has included chiropractic treatments, physical therapy, use of a splint on the left elbow, use of ice and heat, a steroid injection of the left shoulder, trigger point injections in the left trapezius and left levator scapula muscles. She is currently (6-16-15) receiving Ultracet and over-the-counter Tylenol. Previous medications tried include Ibuprofen, Naproxen, Lidopro, Norco, Fenoprofen, Celebrex, Ketoprofen cream, Flector patches, and Etodolac. The utilization review (9-1-15) indicates a request for authorization of Diclofenac sodium DR 75mg #120. This was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium DR 75 MG Qty 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.