

Case Number:	CM15-0197938		
Date Assigned:	10/13/2015	Date of Injury:	06/19/2014
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/08/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old, male who sustained a work related injury on 6-19-14. A review of the medical records shows he is being treated for neck and left shoulder pain. Treatments have included medications. Current medications include Naproxen. In the progress notes, the injured worker reports constant, moderate, dull, sharp neck pain that radiates to both shoulders and arms with numbness, tingling and weakness. He rates this pain a 7 out of 10. He reports frequent, severe, sharp left shoulder pain that radiates to left arm with numbness, tingling and weakness. He rates this pain an 8 out of 10. On physical exam dated 9-2-15, he had decreased and painful range of motion in cervical spine. He has decreased and painful left shoulder range of motion. He is not working. The treatment plan includes a switch from Naproxen (allergic reaction) to Diclofenac, a prescription for Nabumetone and a request for a pain management consult. In the Utilization Review dated 9-25-15, the requested treatment of Diclofenac 50mg. twice a day #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 50 MG #90: Upheld

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: Diclofenac 50 mg #90 is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.