

<b>Case Number:</b>	CM15-0202863		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 is a 53 year old male who sustained an industrial injury 07-25-14. A review of the medical records reveals the injured worker is undergoing treatment for distal radius fracture, status post open reduction and internal fixation, and fracture of radius. Medical records (09-16-15) reveal the injured worker complains of pain in the right wrist with radiation to the right arm, associated with numbness and weakness. His pain is rated at 6-8/10. The physical exam (09-16-15) reveals full range of motion of the right wrist and elbow. Motor strength is 4+/5 in the right wrist. Grip strength is 4+/5 in the right upper extremity. Sensation to light touch and pinprick sensation is grossly intact to the upper extremities with the exception of the right medial and ulnar distributions. Prior treatment includes an unknown number of physical therapy sessions, 5 acupuncture treatments, forearm invasive surgery on 08-25-14, and medications including naproxen and Prilosec. The treating provider reports the plan of care is naproxen, diclofenac, and Prilosec. The original utilization review (10-09-15) non certified the request for Diclofenac XR 100mg #30. There is no documentation regarding the reason for the addition of diclofenac to the medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

**Decision rationale:** As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patients due to increased risk for worsening cardiovascular problems. Patient is on naproxen/anaprox chronically with no documentation of benefit. Chronic use is not recommended. Not medically necessary.