MAXIMUS Federal Services

Case Number:	CM15-0203332		
Date Assigned:	10/20/2015	Date of Injury:	04/11/2014
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	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: Physical Medicine & Rehabilitation

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 54 year old male, who sustained an industrial injury on 4-11-2014. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for status post cubital tunnel release. Medical records dated 6-5-2015, 7-17-2015 and 8-28-2015 indicate the injured worker complains of right elbow pain rated 7.5 out of 10 with numbness. Physical exam dated 8-28-2015 notes residual right elbow pain. Treatment to date has included surgery, home exercise program (HEP), Physical therapy, Flexeril, Diclofenac and Prilosec. The original utilization review dated 9-15-2015 indicates the request for Diclofenac 100mg #30 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Diclofenac.

Decision rationale: The 54 year old patient complains of right elbow pain, rated at 7.5/10, along with numbness, as per progress report dated 08/28/15. The request is for Diclofenac 100mg #30. The RFA for this case is dated 08/28/15, and the patient's date of injury is 04/11/14. The patient is status post right cubital tunnel release on 04/28/15, as per progress report dated 08/28/15. Requested medications included Diclofenac, Omeprazole and Cyclobenzaprine. As per progress report dated 07/07/15, the patient presents with mild to moderate pain and full range of motion. The patient is temporarily disabled, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009 page 67 and 68 and Anti-inflammatory medications section, Chronic Pain Medical Treatment Guidelines 2009, recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG guidelines, Pain (chronic) chapter under Diclofenac state: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, “this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%.” It goes on to state that there is substantial increase in stroke. In this case, several reports are handwritten and difficult to decipher. Diclofenac is first noted in progress report dated 07/07/15. It is not clear if this is the first prescription for this medication or if the patient has taken it in the past. The treater does not document the efficacy of the medication in terms of reduction in pain and improvement in function. Additionally, the reports available for review do not indicate the use and failure of other NSAIDs, and ODG does not support the use of Diclofenac unless other NSAIDs have failed as it increases the risk of stroke by about 40%. Hence, the request IS NOT medically necessary.