

Case Number:	CM15-0022687		
Date Assigned:	02/12/2015	Date of Injury:	06/07/2012
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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 63-year-old male, with a reported date of injury of 06/07/2012. The diagnoses include cervical strain, rule out herniated disc cervical spine, left upper extremity radiculopathy, rule out left shoulder rotator cuff tear, left shoulder tendinitis, improving back pain, resolved lower extremity radiculopathy. Treatments have included therapy and medication. The progress report dated 12/31/2014 indicates that the injured worker continued to have severe pain. He had intermittent sharp pain in his neck with radiculitis. He rated the pain 8 out of 10. The injured worker had numbness and tingling to the C6 and C7 nerve root distributions of the left upper extremity. The objective findings included normal lordosis, tenderness over the paracervical musculature, muscle spasm in the paracervical musculature, normal motor testing to all muscle groups of the upper extremities, diminished sensation at the C6 nerve root distribution of the left upper extremity, mild tenderness at the greater tuberosity of the left shoulder, and bicep tendon or acromioclavicular (AC) joint tenderness. The treating physician requested a refill of Diclofenac XR 100mg #60 for inflammation. On 01/21/2015, Utilization Review (UR) denied the request for Diclofenac XR 100mg #60, noting that there was no documentation of failure of acetaminophen, no reported liver disease or contraindication for the use of acetaminophen. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenec XR 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenec XR 100mg, #60, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain in his neck with radiculitis. He rated the pain 8 out of 10. The injured worker had numbness and tingling to the C6 and C7 nerve root distributions of the left upper extremity. The objective findings included normal lordosis, tenderness over the paracervical musculature, muscle spasm in the paracervical musculature, normal motor testing to all muscle groups of the upper extremities, diminished sensation at the C6 nerve root distribution of the left upper extremity, mild tenderness at the greater tuberosity of the left shoulder, and bicep tendon or acromioclavicular (AC) joint tenderness. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Diclofenec XR 100mg, #60 is not medically necessary.