

Case Number:	CM15-0028082		
Date Assigned:	02/23/2015	Date of Injury:	07/31/2002
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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: New Jersey, Michigan, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old male, who sustained an industrial injury reported on 7/31/2002. He reported symptomatic left shoulder and low back pain, right shoulder pain, left knee pain, and left lateral hip pain. The diagnoses were noted to have included cervical spine spondylosis cervical 5-6 and cervical 6-7, with bilateral upper extremity radiculitis; right and left shoulder subacromial impingement; lumbar multi-level degenerative disc disease; spondylosis with facet arthropathy; left hip pain; and left knee pain with osteoarthritis. The history noted multiple gastrointestinal complaints and pre-existing hiatal hernia- on medication management. Treatments to date have included multiple consultations; diagnostic laboratory and imaging studies; diagnostic colonoscopy (12/10/14), for stomach problems; injection therapy; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work in one month, from the 1/16/15 visit. The 9/12/2014 & 1/23/2015 request for authorization forms, both note the request for Diclofenac SR 100mg #30. The 1/16/2015, treating physician's progress report noted the previous medication trials that included: Celebrex, Ranitidine, Dulcolax and KGL cream. On 1/30/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/23/2015, included a trial of Diclofenac SR 100mg #30 - to #20, for lack of documentation as to functional improvement attributed directly to this medication. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, non-steroidal anti-inflammatory agents for osteoarthritis, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac SR 100mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium is used for osteoarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac SR 100mg #30 is not medically necessary.