

Case Number:	CM15-0044286		
Date Assigned:	03/17/2015	Date of Injury:	03/21/2012
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43-year-old female, who sustained an industrial injury on 3/21/2012. The diagnoses have included right shoulder impingement syndrome, right elbow recalcitrant lateral epicondylitis, left shoulder rotator cuff tendinitis and left elbow lateral epicondylitis. Treatment to date has included physical therapy, an injection and medication. According to the progress report dated 1/13/2015, the injured worker complained of moderate to severe pain, level 8/10, sharp, intermittent in the right shoulder. She reported improvement with rest and medications. Exam of the left and right shoulder revealed positive Neer's and positive Hawkin's test. There was positive acromioclavicular (AC) joint tenderness and AC joint compression test in the right shoulder. The injured worker was awaiting authorization for right shoulder surgery. The treatment plan was to refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60 (dispensed 1/13/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac XR 100 mg # 60 dispensed January 13, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome; right elbow recalcitrant lateral epicondylitis; left shoulder rotator cuff tendinitis secondary to overuse; left elbow lateral epicondylitis result; and anxiety and depression. The treating physician is awaiting authorization for right shoulder arthroscopy, subacromial decompression, AC joint resection because the injured worker failed conservative treatment. Diclofenac is not recommended as a first-line drug due to its increased risk profile. The earliest progress note in the medical record is dated May 27, 2014. The treating physician prescribed Diclofenac at that time. There was no documentation of failure of other nonsteroidal anti-inflammatory drugs. There was no documentation of objective functional improvement as a result of diclofenac XR. Consequently, absent clinical documentation with objective functional improvement and guideline recommendations indicating Diclofenac is not recommended as a first-line drug due to its increased risk profile, Diclofenac XR 100 mg # 60 dispensed January 13, 2015 is not medically necessary.