MAXIMUS Federal Services

Case Number:	CM15-0047064		
Date Assigned:	03/19/2015	Date of Injury:	06/22/2000
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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: Florida
Certification(s)/Specialty: Neurology, Pain Management

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 60 year old male who sustained a work related injury on June 22, 2000. The injured worker is status post three surgical interventions to the left shoulder including a rotator cuff repair (no dates documented), and a right decompression with distal clavicle excision in 2000 prior to the injury. The latest right shoulder magnetic resonance imaging (MRI) was performed in 2012 and a recent left shoulder magnetic resonance imaging (MRI) was also done (no date documented). The injured worker was diagnosed with shoulder impingement syndrome and chronic pain syndrome. According to the primary treating physician's progress report on February 20, 2015, the patient was evaluated for back and shoulder pain. He has good and bad days with increased pain with activity and cold weather. Examination of the lumbar spine demonstrated tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. The left shoulder demonstrates decreased range of motion. Current medications are listed as Nalfon and Protonix. Treatment plan consists of ice and heat as needed; continue medication, use of transcutaneous electrical nerve stimulation (TEN's) unit, neck pillow and the current request for Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain but does not reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if there is failure of first line therapy or intolerance to acetaminophen. As such the medical records provided for review do not support the use of diclofenac for the insured as there is no indication of persistent pain despite acetaminophen. Therefore, the treatment is not medically necessary.