

Case Number:	CM15-0056415		
Date Assigned:	04/01/2015	Date of Injury:	12/23/2011
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 57 year old male, who sustained an industrial injury on 12/13/2011. The mechanism of injury is not indicated in the available records. The injured worker was diagnosed as having shoulder impingement syndrome, wrist sprain, and carpal tunnel syndrome. Treatment to date has included medications, and home exercises. On 1/13/2015, he is seen for right shoulder pain. He reports Diclofenac to help reduce the pain. The treatment plan included: continuation of home exercise program, Diclofenac, Tramadol, Norco, with plans to wean him off the Norco. On 3/10/2015, he was seen for follow-up. He reported no significant complaints. He is reported to be working full-time. The treatment plan included: Tramadol, and Diclofenac, and continuation of the home exercise program. The request is for Diclofenac 75mg #90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg quantity 90 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 70.

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 osterarthritis 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 Retrospective usage of Diclofenac 75mg quantity 90 with one refill is not medically necessary.