

Case Number:	CM15-0088834		
Date Assigned:	05/13/2015	Date of Injury:	01/27/2014
Decision Date:	06/12/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/08/2015

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, Alabama, 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 60-year-old female, who sustained an industrial injury on 1/27/2014. Diagnoses have included pain in right hand, right CMC joint arthrosis of the thumb, right carpal tunnel syndrome and arthritis of the MCP joint of the right index finger. Treatment to date has included cortisone injections, wrist splinting, activity modification and medication. According to the progress report dated 3/25/2015, the injured worker complained of worsening numbness and pain in the right hand and fingers. She had been off work over the last five weeks and performed little activity with the hand. Physical exam revealed diminished sensation to light touch on the fingertips. Tinel and Phalen sign were positive. The compression sign was positive. There was mild tenderness over the base of the thumb and over the MCP joint base of the index finger. Authorization was requested for Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER (extended release) 100 mg (daily) Qty 60 with 1 refill (RX: 12/10/14):
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Diclofenac Page(s): 67-73; 48. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Diclofenac.

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

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER 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 Diclofenac ER (extended release) 100 mg (daily) Qty 60 with 1 refill (RX: 12/10/14) is not medically necessary.

Diclofenac ER (extended release) 100 mg (daily) Qty 30 with 1 refill (RX: 1/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Diclofenac Page(s): 67-73; 48. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter - Diclofenac.

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

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER 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 Diclofenac ER (extended release) 100 mg (daily) Qty 30 with 1 refill (RX: 1/28/15) is not medically necessary.