

Case Number:	CM14-0144062		
Date Assigned:	09/12/2014	Date of Injury:	01/05/2012
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old female with a reported injury on 01/05/2012. The mechanism of injury was lifting and bending. The injured worker's diagnoses included chronic cervical sprain/strain, left shoulder girdle sprain/strain with subjective radiculopathy in the left upper extremity, and post bilateral carpal tunnel syndrome surgeries. The injured worker's past treatments included medications, physical therapy, and a cervical epidural steroid injection on 04/08/2014. The injured worker's diagnostic testing included an electromyography (EMG) and an MRI of the cervical spine. The MRI revealed C6-7 disc bulge as well as other disc bulges in the cervical spine. The injured worker's surgical history included bilateral carpal tunnel release. The injured worker was evaluated on 06/12/2014 for intermittent aching to her neck with occasional stiffness and radicular like pain including numbness and tingling down her left upper extremity. The clinician observed and reported full cervical spine range of motion. The Spurling's test was negative. The clinician also observed that sensation was intact to light touch and pinprick in all dermatomes in the bilateral upper extremities. Two point discrimination was within normal limits and no weakness with thumb opposition was noted. Upper extremity motor strength examination revealed bilateral upper extremity measurements of 5/5. The deep tendon reflexes of the triceps, biceps, and brachioradialis were diminished symmetrically. The injured worker's medications included ibuprofen 600 mg as needed. The request was for diclofenac 75 mg DR #60. No rationale for this request was provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg DR #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): pages 67-73..

Decision rationale: The request for Diclofenac 75 mg DR #60 is not medically necessary. The injured worker continued to complain of neck pain. The California Medical Treatment Chronic Pain Guidelines recommend the use of non-steroidal anti-inflammatory drugs for osteoarthritis, back pain, with acute exacerbation, and chronic low back pain. The guidelines also state that non-steroidal anti-inflammatories are recommended as a second line treatment after acetaminophen for acute exacerbations of chronic back pain. The most recent clinical visit on 06/12/2014 indicated that the injured worker was taking ibuprofen 600 mg as needed for pain. There was no indication of a change to this treatment plan. In addition, there was no indication of a trial and failure of Tylenol or acetaminophen for an acute exacerbation of her neck/back pain. Additionally, the request did not include a frequency of dosing. Therefore, the request for Diclofenac 75 mg DR #60 is not medically necessary.