

Case Number:	CM15-0013651		
Date Assigned:	02/02/2015	Date of Injury:	03/04/2011
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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

Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on March 4, 2011. The diagnoses have included causalgia upper limb, extremity pain, shoulder pain, cervical facet syndrome, muscle spasm, major depressive disorder single episode, generalized anxiety and panic disorder. In progress note dated December 17, 2014 the injured worker complains of pain in the left arm, right arm and neck rated 4.5/10 with medication and 8.5/10 without medication. She reports increases ability to perform activities of daily living (ADL) and increased sleep with use of medications. Physical exam revealed decreased range of motion (ROM) with tenderness. On December 23, 2014 utilization review non-certified a request for Diclofenac Sodium EC 75 MG #60 with 2 Refills. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium EC 75 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, she had been using NSAIDs chronically leading up to this request and recently diclofenac was used and requested for refill. However, there was insufficient evidence found in the documentation about the diclofenac's effects on the worker's function and pain levels (independent to her other medications' effects in order to isolate its effectiveness. Without this report and also considering the long-term risks associated with this medication class, the diclofenac will be considered medically unnecessary.