

Case Number:	CM15-0118484		
Date Assigned:	06/26/2015	Date of Injury:	11/16/2004
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on November 16, 2004. The mechanism of injury was a slip and fall in which the injured worker fell directly on the left side of her face. The injured worker partially broke her fall with her left wrist and the side of her head. The diagnoses have included cervical sprain/strain, cervical spondylosis with facet arthrosis, cervical disc herniation's, cervical degenerative joint disease, chronic cervicogenic headaches, chronic low back pain and decreased shoulder motion bilaterally. Nonindustrial medical problems include hypertension, diabetes, renal insufficiency and a history of a transient ischemic attack. Documented treatment to date has included medications, radiological studies, MRI, epidural steroid injections and tropical analgesics. Current documentation dated May 5, 2015 notes that the injured worker reported constant neck pain with associated headaches at the base of the skull. The pain was rated an 8/10 on the visual analogue scale without medications. The pain was rated a 4/10 with medications. The injured worker also reported a 50% reduction in pain and 50% functional improvement with activities of daily living with the medications. Examination of the cervical spine revealed tenderness and spasms across the cervical paraspinal and cervical trapezius muscles. Cervical range of motion was limited in all planes. Cervical compression caused neck pain that radiated to the right shoulder blade area. Sensory loss was also noted in the right dorsal forearm and back of the right hand. The injured worker was not working. The plan of care included continuing her medications because they were noted to keep the injured worker functional. The treating physician's plan of care included a request for Cambia Diclofenac powder pack 50 mg # 9.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cambia Diclofenac powder pack 50mg quantity 9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, hypertension and renal function, Diclofenac Sodium Page(s): 67-69, 71.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. The guidelines state that non-steroidal anti-inflammatory drugs are recommended for osteoarthritis pain at the lowest dosage for the shortest duration. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication; determine the potential benefits and adverse effects and determine the injured workers preference. All non-steroidal anti-inflammatory drugs are relatively contraindicated in patients with renal insufficiency, congestive heart failure or volume excess. In this case, the injured worker has been taking the medication since 2012 and continues to have constant pain complaints without significant functional improvement. In addition, the injured worker has a history of hypertension and renal insufficiency. All non-steroidal anti-inflammatory drugs are contraindicated in injured workers with renal insufficiency. The risks outweigh the benefits; therefore, the request for Cambia Diclofenac powder pack is not medically necessary.