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| Case Number: | CM15-0124125 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 10/21/2008 |
| Decision Date: | 08/05/2015 | UR Denial Date: | 06/10/2015 |
| Priority: | Standard | Application Received: | 06/26/2015 |

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 10/21/08. She has reported initial complaints of right ankle, left arm, lumbar spine and bilateral wrists injuries after a fall. The diagnoses have included status post right carpal tunnel release and bilateral hand arthralgia. Treatment to date has included medications, activity modifications, diagnostics, surgery, bracing, physical therapy, and other modalities. Currently, as per the physician progress note dated 4/17/15, the injured worker complains of constant neck pain, frequent headaches and migraines, and numbness and pain that radiates down the bilateral upper extremities to the fingers. She also reports increased numbness and aching pain in the bilateral hands rated 4/10 on pain scale. She uses wrist braces at night to sleep. She also reports difficulty with gripping objects, and drops things frequently. The objective findings reveal that she is wearing a right wrist brace, the gait is antalgic, and there is 4/5 strength in the upper extremities. The current medications included Ultracet, Prilosec, Elavil, Ketoprofen cream, and Voltaren. There is no previous urine drug screen report noted. The physician requested treatment included Diclofenac ER (extended release) 100 mg quantity of 120.

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 Qty 120: Upheld

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

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 osteoarthritis pain. Diclofenac is not a first line medication due to increased risk profile. There is no documentation as to why the provider did not consider other alternatives before considering Diclofenac. Therefore, the request for Diclofenac Sodium ER 100mg Qty: 120 is not medically necessary.