

Case Number:	CM15-0127846		
Date Assigned:	07/14/2015	Date of Injury:	01/15/2015
Decision Date:	08/10/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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: California

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 36 year old female, who sustained an industrial injury on January 15, 2015. She reported injury to the right upper extremity. The injured worker was diagnosed as having second degree right arm burn. Treatment to date has included medication and acupuncture. On July 8, 2015, the injured worker complained of right upper extremity pain rated as a 5 on a 0-10 pain scale without medications and as a 1-3/10 on the pain scale with medications. The pain is described as sharp. There is pain particularly focal about the flexor crease of the right elbow described as sharp and tingling. She also complained of numbness in the distal two thirds of her right upper extremity. With her current medication regimen, she is able to tolerate light duty and was working full time at the time of exam. The treatment plan included medication, six photo ablation therapy treatments and a follow-up visit. On June 17, 2015, Utilization Review non-certified the request for Diclofenac Sodium ER 100 mg #60, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60 (one tab by mouth daily): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68. Decision based on Non-MTUS Citation <http://www.worldburn.org/documents/painmanage.pdf>.

Decision rationale: MTUS Guidelines supports the limited use of NSAID medications for inflammatory conditions. The Guidelines do not directly address persistent pain related to burns, but the Guidelines do address and support the use of NSAID medications for mixed pain syndromes which have nociceptive and neuropathic characteristics. A burn does have mixed pain characteristics and continued inflammation is evidence by the appearance of the wounds. Under these circumstances (this individual has good pain relief and this individual has returned to work) the Diclofenac Sodium ER 100mg #60 (one tab by mouth daily) is supported by Guidelines and is medically necessary.