

Case Number:	CM15-0175071		
Date Assigned:	09/16/2015	Date of Injury:	04/11/2014
Decision Date:	10/19/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/04/2015

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 York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency 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 54 year old male who sustained an industrial injury on 04-11-2014. She was initially diagnosed with elbow injury and paresthesia. Treatment to date has included medications, surgery and physical therapy. Treatment with medications has included Ibuprofen, Tramadol, Voltaren Gel, muscle relaxers and Naprosyn. According to a progress report dated 07-17-2015, subjective complaints included "pain is mild to moderate" and "full motion". Objective findings included residual pain right elbow. Diagnosis included status post right cubital tunnel release on 04-28-2015. The treatment plan included continuation of physical therapy, continuation of home exercise program and refill Diclofenac, Flexeril and Prilosec and return in 4-6 weeks. The injured worker was temporarily totally disabled for 6 weeks. An authorization request dated 07-17-2015 was submitted for review. The requested services included Cyclobenzaprine 10 mg #60, Omeprazole 20 mg #90 and Diclofenac 100 mg #30 and return to clinic 4-6 weeks. On 08-08-2015, Utilization Review non-certified the request for Diclofenac 100 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Guidelines recommend NSAIDs for treatment of osteoarthritis at the lowest effective dose for the shortest period of time. In this case, there is a lack of evidence of functional benefit from the use of Diclofenac and there was no documentation of an acute exacerbation of the patient's condition. The request for Diclofenac 100 mg #30 is not medically appropriate and necessary.