

Case Number:	CM13-0025089		
Date Assigned:	11/20/2013	Date of Injury:	03/14/2011
Decision Date:	01/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a Fellowship Trained in Cardiovascular Disease and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57 year old female who reported an injury on 09/28/2005. The mechanism of injury was lifting and moving of tables and chairs. The last clinical note provided in the medical record reported lumbar spine range of motion allowing for 45 degrees of flexion, extension of 10 degrees and lateral flexion of 20 degrees. The patient did exhibit weakness in the left calf. There was positive straight leg raise on the left, deep tendon reflexes were unobtainable, and sensation was intact. The patient was diagnosed with left sciatica, left S1 radiculopathy, and left L5-S1 herniated disc. L5-S1 micro lumbar discectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: California MTUS states NSAIDs are recommended as an option for short term symptomatic relief. The patient has been using Diclofenac gel and continues to have

complaints of pain. There was no evidence in the information provided to show the patients relief with the requested medication, and there is not documentation of the patient being unable to take an oral NSAID as opposed to the gel. There was no clinical documentation of the patient pain level with or without any medication. As such, the request for Diclofenac Sodium 1.5% 60gm is non-certified.