

Case Number:	CM13-0067313		
Date Assigned:	01/03/2014	Date of Injury:	05/17/2010
Decision Date:	11/05/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Ohio. 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/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 injured worker is a 59 year old female with a date of injury of 5/14/2000. She complains of chronic low back pain radiating into the right lower extremity. The physical exam has revealed tender lumbar facet joints, diminished lumbar range of motion, a positive straight leg raise sign on the right, diminished right sided L4 and L5 sensation, and diminished dorsiflexion strength on the right. The diagnoses include lumbar osteoarthritis, degeneration of the lumbar intervertebral disc, sciatica, and lumbago. She has been treated with lumbar epidural steroid injection, transdermal opioids (Butrans), oral anti-inflammatories (diclofenac), topical analgesics, acupuncture, physical therapy, and a TENS unit. The pain level is fairly constant at a 8/10. Blood pressure readings are consistently elevated in the office. A previous utilization reviewer to treating provider phone call resulted in recommendations to stop the Diclofenac with assurances that a different NSAID would be tried.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 mg BID, quantity 60, 30 day supply with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs (non-steroidal anti-inflammatory drugs), Diclofenac, NSAIDs, hypertension and renal function

Decision rationale: For chronic low back pain, non-steroidal anti-inflammatory medication is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. NSAIDs can increase blood pressure by an average of 5 to 6 mm in patients with hypertension. They may cause fluid retention, edema, and rarely, congestive heart failure. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that Diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. In this instance, the Diclofenac does not seem to be having an impact on average pain scores. The diclofenac appears to be in use chronically and not just for short term relief. Additionally, the injured worker has persistently elevated blood pressure readings, raising her cardiovascular risk, especially in combination with Diclofenac. For these reasons, Diclofenac 100 mg, # 60 and 5 refills, is not medically necessary.