

Case Number:	CM13-0071790		
Date Assigned:	01/08/2014	Date of Injury:	07/19/2012
Decision Date:	04/28/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine and is licensed to practice 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 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 patient is a 43-year-old male who reported an injury on 07/19/2012 due to a slip and fall. The patient's treatment history included physical therapy, a home exercise program, medications, and corticosteroid injections. The patient's current medication schedule included Advil, Norco, and Flexeril. The patient had persistent low back pain. Physical findings included limited range of motion in all planes of the lumbar spine secondary to pain, with tenderness to palpation over the L4-5 and L5-S1 facet joints with decreased motor strength in the right extensor hallucis longus. The patient's diagnoses included mechanical low back pain, discogenic disease, and degenerative disc disease. The patient's treatment plan included Omeprazole and diclofenac sodium extended release with a trial of acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM ER (VOLTAREN ER), #60 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines does recommend the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, the clinical documentation submitted for review does not provide any evidence that the patient has been on this medication previously. Therefore, a trial to establish efficacy would be appropriate. The requested 60 tablets with 2 refills does not allow for timely evaluation and assessment of efficacy for this patient. As such, the requested Diclofenac Sodium ER (Voltaren ER), #60 with 2 refills is not medically necessary and appropriate.