

Case Number:	CM14-0001183		
Date Assigned:	01/22/2014	Date of Injury:	07/02/2013
Decision Date:	04/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation and has a subspecialty in Pain Management 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:

This is a male patient with a date of injury of July 2, 2013. A utilization review determination dated December 20, 2013 recommends noncertification of Diclofenac ER 100 mg. Noncertification is recommended since Diclofenac is "not considered a first-line non-steroidal anti-inflammatory drugs (NSAID) due to high risk profile for side effects including severe liver damage." A progress report dated December 10, 2013 identifies subjective complaints indicating ongoing pain in the neck radiating into the left shoulder with upper extremity tingling, numbness, and weakness. The pain is rated as 4/10. The pain is mildly alleviated by not driving. The pain impairs his ability to perform activities of daily living. Current medications include Ibuprofen, Etodolac, Orphenadrine, Norco, Tramadol, Cleocin, Clindamycin, and Cyclobenzaprine. Physical examination revealed limited range of motion in the cervical and lumbar spine with normal motor strength and normal sensation. Diagnoses include cervical disc with radiculitis, lumbar disc with radiculitis, degeneration of cervical disc, neck pain, and low back pain. Current treatment plan recommends starting Diclofenac tablet extended release 100 mg once a day. The treatment plan also recommends the use of a transcutaneous electrical nerve stimulation (TENS) unit, medial branch block, and possible trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

extended release (ER) sodium 100mg 1 tablet 1 time day #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Voltaren (Diclofenac), Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has identified that the patient is currently using two NSAID medications. It is unclear why a 3rd NSAID medication would need to be added to the current regimen. The concurrent use of multiple NSAIDs significantly increases the risk of G.I. complications including gastritis and possible gastric hemorrhage. As such, the currently requested Diclofenac is not medically necessary.