

Case Number:	CM14-0007826		
Date Assigned:	04/30/2014	Date of Injury:	12/21/2011
Decision Date:	07/08/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 46 year old male with a reported injury date on 12/21/2011; the mechanism of injury was not provided. Diagnoses include lumbar strain/sprain, lumbosacral radiculopathy, facet syndrome, trochanteric bursitis, sacroiliitis, and chronic pain syndrome. The clinical noted dated 12/20/2013 noted that the injured worker had complaints of 7/10 pain to the back that increases with standing, walking, and sitting. Objective findings included palpable spasms to the low back, left groin pain during spring testing, and straight leg testing produces low back pain but no radicular pain. It was noted that the injured worker had taken Diclofenac in the past but it was expressed by the injured worker that it was too strong and he wanted to try something else. The request for authorization for diclofenac tablets extended release 100mg was submitted on 01/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC ER 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 67-68.

Decision rationale: The request for diclofenac ER 100mg #60 is non-certified. It was noted that the injured worker had complaints of 7/10 pain to the back that increases with standing, walking, and sitting. Objective findings included palpable spasms to the low back, left groin pain during spring testing, and straight leg testing that produced low back pain but no radicular pain. It was noted that the injured worker had taken Diclofenac in the past but it was expressed by the injured worker that it was too strong and he wanted to try something else. The California MTUS guidelines recommend the use of non-steroidal anti-inflammatory drugs as a second-line treatment after acetaminophen for acute exacerbations of chronic low back pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. Although the documentation showed that the injured worker had low back pain, it was also documented that the injured worker felt the medication was too strong and wanted to try something different. Due to this fact this request is non-certified.