MAXIMUS Federal Services

Case Number:	CM14-0009218		
Date Assigned:	02/14/2014	Date of Injury:	11/12/2001
Decision Date:	06/24/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/23/2014

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 Internal Medicine and is licensed to practice in Virginia and District of Columbia. 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:

This is a 62 year old female who sustained injury on Nov 12 2001 and then had persistent lower back pain and muscle spasms. [redacted] saw the patient for lower back pain on Apr 30 2013. valium, diclofenac, escitalopram, gabapentin, lunesta, omeprazole, hydrocodone-acetominophen. [redacted] saw the patient for lower back pain on Jul 23 2013. He gave the patient valium, diclofenac, escitalopram, gabapentin, lunesta, omeprazole, hydrocodone-acetominophen. [redacted] saw the patient for lower back pain on Oct 15 2013.In the past, the patient was prescribed lidoderm patches for neuropathic lower back pain. She was diagnosed with lumbar radiculopathy and lumbosacral disc degeneration. She was prescribed valium, diclofenac , escitalopram, gabapentin, hydrocodone-acetominophen, lidoderm patch, lunesta, omeprazole. [redacted] saw the patient for lower back pain on Jan 15 2014. She was prescribed ibuprofen, lansoprozole, lexapro, lidoderm, lunesta, skeleaxin, vicodin, voltaren, zipsor.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69,71.

Decision rationale: Diclofenac is an NSAID. The patient had ongoing back pain and prescribed voltaren. From the clinical documentation provided the patient did not achieve benefit from being on this medication. Chronic NSAIDS are not recommended due to the side effects and a short duration is recommended. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.