

Case Number:	CM14-0102616		
Date Assigned:	09/24/2014	Date of Injury:	03/24/2012
Decision Date:	10/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Rehabilitation, 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 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 44 year-old patient sustained an injury on 3/24/12 while employed by [REDACTED]. Request(s) under consideration include Diclofenac 100mg #30. Diagnoses include Lumbar radiculitis, Cervicalgia, Chronic pain syndrome, Depression, s/p bilateral carpal tunnel release in January 2010. Report of 6/6/14 from the provider noted the patient with ongoing chronic head, neck, mid/lower back, and left knee symptoms from a slip and fall on wet floors. Conservative care has included medications, physical therapy, chiropractic treatment, epidural steroid injection 2013 and modified activities/rest. The patient noted neck and back pain radiating to the left leg associated with numbness and weakness in lower back and leg rated at 9/10. Exam showed cervical spine tenderness over paraspinal muscles; limited lumbar range of motion; lumbar tenderness in paraspinal muscles; diminished sensation in left L5 and S1 dermatomes; positive SLR; and motor weakness of 4+/5 in left ankle PF. Treatment included medications of Tramadol, Omeprazole, and Diclofenac. The patient remained on modified duties. The request(s) for Diclofenac 100mg #30 was non-certified on 6/23/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS NSAIDs (non-steroidal anti-inflammatory drugs) , (ODG) Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 22.

Decision rationale: This 44 year-old patient sustained an injury on 3/24/12 while employed by Sutter Roseville Medical Center. Request(s) under consideration include Diclofenac 100mg #30. Diagnoses include Lumbar radiculitis, Cervicalgia, Chronic pain syndrome, Depression, s/p bilateral carpal tunnel release in January 2010. Report of 6/6/14 from the provider noted the patient with ongoing chronic head, neck, mid/lower back, and left knee symptoms from a slip and fall on wet floors. Conservative care has included medications, physical therapy, chiropractic treatment, epidural steroid injection 2013 and modified activities/rest. The patient noted neck and back pain radiating to the left leg associated with numbness and weakness in lower back and leg rated at 9/10. Exam showed cervical spine tenderness over paraspinal muscles; limited lumbar range of motion; lumbar tenderness in paraspinal muscles; diminished sensation in left L5 and S1 dermatomes; positive SLR; and motor weakness of 4+/5 in left ankle PF. Treatment included medications of Tramadol, Omeprazole, and Diclofenac. The patient remained on modified duties. The request(s) for Diclofenac 100mg #30 was non-certified on 6/23/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac 100mg #30 is not medically necessary and appropriate.