

Case Number:	CM14-0107701		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2004
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Orthopedic Surgery 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 68-year-old male who reported injury 03/23/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 05/30/2014 indicated diagnoses of low back pain, herniated disc of the lumbar spine, multilevel degenerative disc disease of the lumbar spine, radiculitis/lower extremity. The injured worker reported he felt somewhat better with the medications. The injured worker reported his pain was intermittent in his back. The injured worker reported his pain was moderate to severe and he continued to have numbness down the left lower extremity on the lateral aspect of the left thigh. On physical examination of the lumbar spine/thoracic spine, there was tenderness in the paralumbar musculature with negative tenderness in the parathoracic musculature. The injured worker's deep tendon reflexes were decreased. Range of motion of the lumbar spine was decreased with pain with full flexion. Injured worker had diminished sensation of the left thigh lateral aspect. The injured worker's treatment plan included pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac XR 100mg, qty 60, DOS 05/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory drugs.

Decision rationale: The request for Retrospective request for Diclofenac XR 100mg, qty 60, DOS 05/30/2014 is not medically necessary. The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. 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. Although the injured worker reports he is feeling somewhat better with the medications, there is lack of functional improvement with the use of the diclofenac. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for diclofenac XR is not medically necessary.