

Case Number:	CM14-0010009		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2012
Decision Date:	09/05/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/24/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of September 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated January 17, 2014, the claims administrator denied a request for Diclofenac, an anti-inflammatory medication. The applicant's attorney subsequently appealed. In a permanent and stationary report dated July 22, 2013, it was acknowledged that the applicant was not working and last worked on February 28, 2013 as the applicant's employer could no longer accommodate her former limitations. The applicant was given a primary diagnosis of fibromyalgia syndrome. The applicant's medication list was not furnished on this occasion. In an applicant questionnaire dated July 22, 2013, the applicant reported 8-10/10 pain with associated depression, anxiety, and interference with various and sundry activities of daily living. On July 24, 2013, the applicant was described as having persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was apparently using Voltaren and Prilosec at this point in time. There was no mention or discussion of medication efficacy. The applicant was also given a prescription for Cyclobenzaprine. The applicant was apparently placed under covert surveillance by the claims administrator on July 30, 2013. On progress notes of September 23, 2013 and November 8, 2013, the applicant's primary treating provider placed her off of work, on total temporarily disability. Authorization for physical therapy was sought. The notes were handwritten, sparse, difficult to follow. Again, there was no mention or discussion of medication efficacy entertained on these progress notes, either. In a later note dated January 2, 2014, the applicant was described as using

Norco, Voltaren, and Fexmid. 8/10 pain was reported. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 30 x100mg Tab, 1 Bottle Dispensed 1-2-14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic; MTUS 9792.20f Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first-line treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off work. The applicant's pain complaints are consistently described as heightened, in the 8/10 range, despite ongoing usage of Diclofenac. Ongoing usage of Diclofenac has failed to diminish the applicant's reliance on other forms of medical treatment, including opioids such as Norco. Continuing the same, on balance, does not appear to be indicated, given the lack of functional improvement present here, despite ongoing usage of Diclofenac. Therefore, the request is not medically necessary.