

Case Number:	CM14-0117220		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2011
Decision Date:	09/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 33 year old male who sustained an injury on 07/21/11 while lifting and closing doors. The injured worker developed pain in the low back. Initial treatment included physical therapy and medications. The MRI studies of the lumbar spine were noted to show degenerative disc disease at L4-5 and L5-S1 with spondylolisthesis. There was evidence for an L5-S1 lumbar radiculopathy on electrodiagnostic studies. The injured worker did undergo lumbar facet injections in February of 2012 and a lumbar medial branch blocks at the same levels were completed on 06/08/12. No current clinical information was available for review regarding this injured worker. The submitted request for Diclofenac ER 100mg quantity 60 was denied by utilization review on 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation FDA, Official Disability Guidelines, pain chapter.

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

Decision rationale: The request for Diclofenac ER 100mg quantity 60 is not medically necessary. The injured worker was noted to have been followed for complaints of low back pain and initially received medications, physical therapy, and injections. No recent clinical reports were available for review describing the rationale for continuing use of an anti-inflammatory. Additionally, the guidelines do not recommend long-term use of anti-inflammatories. Given the above, the request is not medically necessary.