

Case Number:	CM14-0118994		
Date Assigned:	08/06/2014	Date of Injury:	02/13/2012
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/29/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 32-year-old male who reported an injury on 02/13/2012 after lifting a heavy object. The injured worker reportedly sustained an injury to his low back, hips, and left ankle. The injured worker's treatment history included rest, physical therapy, multiple medications, and epidural steroid injections. The injured worker was evaluated on 06/11/2014. Physical findings of the lumbar spine included tenderness to palpation and spasming of the paravertebral musculature with restricted range of motion secondary to pain and a positive left-sided straight leg raising test. The injured worker had diminished sensation in the L4, L5, and S1 distributions bilaterally. The injured worker's diagnoses included a T12-L1 disc herniation and an L5-S1 disc herniation. The injured worker's medications included Diclofenac XR 100 mg, Cyclobenzaprine 7.5 mg, Tramadol ER 150 mg, and Omeprazole 20 mg. The injured worker's treatment plan included physical therapy, continuation of already prescribed medications, and a prescription of Diclofenac to decrease the injured worker's symptoms. A Request for Authorization dated 06/11/2014 for Diclofenac was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested Diclofenac XR 100 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends non-steroidal anti-inflammatory drugs as a first line medication in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends a trial when medication is added to a medication schedule. The requested 30 tablets exceed this trial recommendation. Additionally, the clinical documentation submitted for review does not clearly indicated that the injured worker's current medication schedule is not adequately controlling the injured worker's symptoms and an additional medication is required. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Diclofenac XR 100 mg #30 is not medically necessary or appropriate.