

Case Number:	CM14-0163602		
Date Assigned:	10/08/2014	Date of Injury:	01/15/2008
Decision Date:	11/10/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/06/2014

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 injured worker is a female with date of injury 1/15/2008. Per primary treating physician's progress report dated 9/10/2014, the injured worker complains of chronic back pain and left knee pain. She reports that she continues to experience pain in her low back which she describes as being constant, sharp, throbbing and aching in nature. She states that the pain level has now decreased since her last examination. She currently rates her pain level as 6/10 without medications and 4/10 with medications. The pain radiates down the left leg. Pain is increased with prolonged sitting, standing, and walking, and decreased with pain medications and rest. On examination there is pain with palpation of spinous processes of the lumbar spine. There is decreased range of motion of the lumbar spine in the parameters of forward bending, extension and bilateral rotation. There is pain with palpation of the left knee. There is decreased sensation along the L5 dermatome distribution. Diagnoses include 1) lumbar radiculopathy 2) left knee pain 3) status post left knee replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. She has been treated with NSAIDs chronically, being prescribed Ibuprofen previously. The request for Diclofenac Sodium ER 100mg, #100 is determined to not be medically necessary.