

Case Number:	CM14-0168188		
Date Assigned:	10/15/2014	Date of Injury:	03/15/2012
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 40 year old male who was injured on 3/15/12. He was diagnosed with lumbar sprain/strain, myofascial pain, and sleep disturbance. He was treated with NSAIDs, opioids, muscle relaxants, topical analgesics, physical therapy/home exercise, and TENS unit. On 9/19/14, the worker was seen reporting low back pain rated at 7-8/10 on the pain scale and neck pain which radiates to right arm. Physical findings included tenderness and spasm of the lumbar area as well as reduced lumbar range of motion. He was then recommended home exercise, heat therapy, acupuncture, and continuation of Menthoderm, Flexeril, and TENS unit use. It was unclear from the documents provided for review as to which NSAID out of the ones he had tried in the past (ketoprofen, fenoprofen, diclofenac) he was taking at the time, if any, although Ketoprofen was recommended for use on 7/29/14 just prior to this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation ODG, Pain, Diclofenac Sodium

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had used multiple NSAIDs in the past. Most recently, he was recommended to restart diclofenac after recently being recommended ketoprofen. There was no documented report on how the worker responded to either of these medications in the past in order to justify continuation. Regardless, it is not recommended to chronically use NSAIDs as such for low back pain. Also, there was no evidence that the worker was experiencing an acute flare-up which might have warranted a short course of an NSAID. Therefore, the diclofenac is not medically necessary.