

Case Number:	CM14-0169408		
Date Assigned:	10/17/2014	Date of Injury:	05/09/2002
Decision Date:	11/19/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiologist, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 60-year-old male with a 5/9/02 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/29/14, the patient presented with ongoing severe right groin pain, which worsened with his activities of daily living. He stated that his depression and discouragement continued. He reported his pain as being 8 out of 10 with medications. He complained of sexual dysfunction with inability to have an erection as well as to have intercourse as a result of the pain. Objective findings: extremely tender right groin barely able to palpate without causing severe pain. Diagnostic impression: failed hernia surgery, sexual dysfunction, depression, stress-induced diabetes mellitus. Treatment to date: medication management, activity modification, surgery. A UR decision dated 9/19/14 modified the request for Diclofenac Sodium-Misoprostol 50mg-200 from 120 tablets to 90 tablets. The CA MTUS offer little helpful data in regard to this request except to note that in concurrence with manufacturers which produce diclofenac-containing medications dosing recommendations are limited to either 75mg twice a day or 50mg 3 times a day. There is no frank indication provided by the prescriber to treat above dosing recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium-Misopro 50mg-200 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 77-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Diclofenac

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. However, in the present case, there is no documentation that the patient has had a trial and failed a first-line NSAID. There is no rationale provided as to why this patient requires diclofenac over other NSAIDS despite its possible increased hepatic and cardiovascular risk associated with its use. In addition, there is no documentation of significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Diclofenac Sodium-Misopro 50mg-200 #120 was not medically necessary.