

Case Number:	CM14-0176374		
Date Assigned:	10/29/2014	Date of Injury:	02/03/1993
Decision Date:	12/05/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal 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 (IW) is a 74-year-old man who injured his right shoulder several years ago. The date of injury is February 3, 1993. The mechanism of injury was not documented in the medical record. He reportedly has multiple operations on the right shoulder, of which detail were not provided in the medical record. Pursuant the progress reports dated October 14, 2014, the IW reports that he had a cervical epidural, which gave him excellent relief. He has no current complaints of neck pain. Most of his pain is lower back and buttocks, which he had on February 11, 2014 when he was last evaluated. Past medical history, review of systems, medications, and allergies were all reviews and unchanged. The physical examination was repeated and unchanged from the one dated February 11, 2014. The February 11, 2014 exam revealed tenderness present over the spinous process, tenderness over paraspinal muscles, tenderness present over right and left trochanteric bursa. There was also tenderness to palpation of the right and left sacroiliac joint. Diagnoses include Lumbar pain with radiculopathy right leg, Scoliosis thoracolumbar, degenerative disc disease lumbar and cervical, cervical pain with radiculopathy resolved since epidural March 2013. Current medications include: Lipitor 20mg, Voltaren Soln., Flexeril 10mg, Vicodin 5/500mg, and Tylenol PM extra-strength. There were no dosages documented in the medical record. Treatment plan recommendations indicated that the IW will start neurosurgical management with a series of epidurals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 75mg #60 x 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAID

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Visibility Guidelines, the Diclofenac 75 mg #60 with four refills is not medically necessary. The guidelines state anti-inflammatories are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Anti-inflammatories are traditionally the first line of treatment to reduce pain selectivity and function can resume, however long-term use may not be warranted. Additional considerations relate to the adverse effects in the Gastrointestinal (GI) tract. Patients greater than 65 years of age, history of peptic ulcer, G.I. bleeding or perforation, concurrent use of aspirin, steroids and/or anticoagulants or high-dose multiple steroids required treatment with proton pump inhibitors. In this case, the treating physician requested Diclofenac 75 mg #60 with four refills. There was no documentation or progress note indicating the need or necessity for Diclofenac 75 mg #60 with four refills. Additionally there were no directions as to the frequency noted in the record. Consequently, Diclofenac 75 mg #60 with four refills is not medically necessary. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, Diclofenac 75 mg #60 with four refills is not medically necessary.