

Case Number:	CM14-0177872		
Date Assigned:	11/03/2014	Date of Injury:	05/28/2013
Decision Date:	12/22/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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:

Medical records reflect the claimant is a 62 year old female who sustained an injury on 5-28-13. On this date the claimant was lifting an object when she sustained her injury. Office visit on 8-1-14 notes the claimant reported neck, upper, mid and low back pain, right leg, bilateral knees and right foot pain associated with numbness to the right calf, right foot, tingling in hands, legs and feet as well as weakness in hands and legs. On exam, the claimant has tenderness to palpation at the lumbar spine with spasms, decreased range of motion, positive SLR in the sitting position. Strength was 5/5. DTR were 1+ in the lower extremities. Recommendations were made for lumbar epidural steroid injection and MRI of the lumbar spine. Office visit on 9-9-14 notes the claimant had been on Ibuprofen with benefit and Diclofenac caused GI upset. Tramadol helped. She had an epidural steroid injection that gave her two weeks relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR tablets 100mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - NSAIDS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long term use of an NSAID. Additionally, the claimant reported Diclofenac caused GI upset. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.