

Case Number:	CM14-0179325		
Date Assigned:	11/03/2014	Date of Injury:	07/18/2011
Decision Date:	12/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 Emergency 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 50-year-old male who has an injury on 07/18/2011. The mechanism of injury was not submitted for clinical review. The diagnoses included neck pain, thoracic pain, low back pain, leg pain, costovertebral osteoarthritis, thoracic vertebral fracture, lumbar mechanical pain, chronic pain, lumbar discogenic pain, lumbar sprain/strain. The previous treatments included medication, home exercise program, physical therapy, diagnostic testing included an MRI. Within the clinical documentation dated 08/26/2014 it was the injured worker complained of persistent neck pain. He rated his pain 4/10 in severity. He complained of chest wall pain which he rated 6/10 in severity. The injured worker complained of low back pain which he rated 3/10 in severity. The physical examination, the provider noted the injured worker had dysesthesia noted to light touch along the surgical scar tissue. There was limited mobility noted in the thoracic and lumbar spine. The provider recommended diclofenac for pain and inflammation. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 7.5mg by mouth every 12 hours #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Diclofenac 7.5mg by mouth every 12 hours #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note nonsteroidal anti-inflammatory drugs are recommended for the signs and symptoms of osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time which exceeds the guideline recommendations of short term use. Therefore, the request is not medically necessary.