MAXIMUS Federal Services

Case Number:	CM14-0023431		
Date Assigned:	06/11/2014	Date of Injury:	08/06/2004
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Illinois. 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 49 year old female who reported an injury on 08/06/2004 due falling on a water nozzle. The injured worker complained of pain in neck, low back, and depression. On physical examination, lumbar spine, sacroiliac joint and piriformia muscle was tender to palpation. No VAS pain score was documented. On, 02/04/2014-pain worse especially in lower back and on 11/07/2013- lower lumbar pain persisted. On 10/30/2013, the injured worker reported worst pain in low back which radiates to calves bilaterally. The injured worker's diagnoses are lumbar spinal stenosis, bilateral spondylosis L5-S1, bilateral lumbosacral radiculopathy, major depressive disorder, and personality disorder, and chronic pain syndrome. The injured worker's medications include Ambien, Wellbutrin, Celebrex, Tramadol, Cymbalta, and Xanax. Treatment plan was for diclofenac 75 mg twice a day quantity 60 with 3 refills. The request for authorization form dated 02/05/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DIDOFENAC 75 MG TWICE A DAY QUANTITY 60 WITH 3 REFILLS: Upheld

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

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

Decision rationale: The request for Diclofenac 75 mg twice daily quantity 60 with 3 refills is non-certified. California Medical Treatment Utilization Review Schedule (MTUS). Chronic pain guidelines for NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to serve pain. The injured worker has a history of lower back pain. No pain assessment or VAS pain scale was documented. Given the lack of documentation the clinical information provided does not establish the medical necessity for this request.