

Case Number:	CM14-0026241		
Date Assigned:	06/20/2014	Date of Injury:	01/22/2009
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/01/2014

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, has a subspecialty in Pain Medicine 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:

The injured worker is a 49-year-old female who reported an injury on 01/22/2009. The mechanism of injury was not provided. The injured worker had a follow up exam on 02/01/2014. It was reported that she was doing "fairly well" with minimal tenderness to the lower back. The injured worker has shown great discipline in strengthening and stretching the back. She had a history of neurosurgery, although the date is unknown. Her diagnosis was myofascitis to lower back. Her recommendations were to continue Diclofenac and Norco for pain and to continue exercise. The request for authorization was signed on 02/14/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75 mg #60/month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Worker's Compensation, 2014 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Chronic low back pain Page(s): 12,22.

Decision rationale: The request for Diclofenac 75mg is not medically necessary. There was a lack of documentation provided as to pain scale and assessment. There was a lack of documentation of exercise, therapy or any other conservative measures. The Chronic Pain Medical Treatment Guidelines state that there is insufficient evidence to recommend one medication over the other. The guidelines also recommend that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In addition, the request does not include the frequency. Therefore, the request for Diclofenac is not medically necessary.