MAXIMUS Federal Services

Case Number:	CM14-0028566		
Date Assigned:	06/16/2014	Date of Injury:	11/29/2011
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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 Orthopedic Surgery 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 employee is a 51-year-old male injured on November 29, 2011. The mechanism of injury was noted as an auto pedestrian accident sustaining injuries to the neck, lumbar spine and right hip. The most recent progress note, dated January 28, 2014, indicated that there were ongoing complaints of constant, sharp, moderate to severe pain that is unchanged from prior visit. The review of symptoms was positive with difficulty sleeping, muscle spasms, difficulty walking and stomach pain. The physical examination demonstrated tenderness at the right greater trochanter and gluteal muscles, positive Faber's and Gaenslen's. Active range of motion of hip: Flexion 100 degrees, extension 28 degrees, abduction 40 degree, adduction 20 degrees, internal rotation 30 degrees and external rotation 45 degrees. In addition, physical examination of the lumbar spine revealed bilateral paravertebral muscle tenderness, right Gaenslen's test was positive, bilateral negative straight leg raise and increasing low back pain. Range of motion was as follows: Flexion 38 degrees and extension 12 degrees. Diagnostic imaging studies included multiple MRIs of the upper and lower extremities including MRI of the lumbar spine revealing 2 level disc bulges with degenerative disc changes, normal ultrasound of the right hip, electro diagnostic studies which did not reveal any upper or lower radiculopathy. Previous treatment included Motrin, Anaprox and physical therapy. A request had been made for Diclofenac and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 100MG #30 (DISPENSED 01/28/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: Based on the documentation presented and previous treatments there is no measurable functional improvement documented for this patient despite the use of other non steroidal anti-inflammatory agents. According to the Chronic Pain Medical Treatment Guidelines, non-streoidal medication is used as the first line treatment to reduce pain, so activity and functional restoration can resume but only short term. Diclofenac is used as a second line of treatment if first line treatment has failed. The request is therefore not medically necessary.