MAXIMUS Federal Services

Case Number:	CM14-0068336		
Date Assigned:	07/14/2014	Date of Injury:	06/09/2006
Decision Date:	12/02/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 63-year-old male who sustained a work-related injury on June 9, 2006. The mechanism of injury occurred in the context of lifting a platform. We industrially related diagnoses include chronic low back pain, lumbar sprain, lumbar radiculopathy, displacement of thoracic and lumbar discs, and bilateral hand pain. The patient is currently being treated with Diclofenac, Tizanidine, Gabapentin, Cymbalta, Lorazepam, and Quetiapine. The disputed issue is a request for Diclofenac Extended Release 100 mg. this was denied as the utilization reviewer felt that it was not a first line Non-Steroidal Anti-Inflammatory Drug, and it carried significant cardiovascular risk.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines, Pain, Diclofenac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren (Diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. A progress note on data service February 24, 2014 in fact documents that the patient is not taking Diclofenac with regularity. The patient is concerned about potential issues in terms of side effects. Within the documentation available for review, there is no indication that Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.