

Case Number:	CM14-0069990		
Date Assigned:	07/14/2014	Date of Injury:	02/20/2012
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/15/2014

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 Management 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:

This is a female patient with the date of injury of February 20, 2012. A utilization review determination dated April 14, 2014 recommends non-certification for Diclofenac 100mg #60. A progress note dated March 19, 2014 identifies subjective complaints of painful and tight lower back with spasms. Physical examination identifies pain, tenderness, and spasms of the lumbar spine. Flexion of the lumbar spine is 40, extension is 10, left and right rotation is 10, and left and right flexion is 10. Diagnoses include lumbar spine sprain/strain, muscle spasms of the lumbar spine, radiculopathy of the right leg, sciatica of right leg, paresthesia of right leg, antalgic gait, and myalgia/myositis. The treatment plan recommends hot pack for 15 minutes, prescription for Prilosec, prescription for Tramadol ER 150 mg #30, prescription for Diclofenac 100 mg #60, Cyclobenzaprine 7.5 mg #60, request for authorization for a right L5 - S1 facet injection as per [REDACTED] recommendation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 60 Diclofenac 100 mg (DOS 3/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Regarding the request for Diclofenac 100mg #60, 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. Within the documentation available for review, there is no indication that Diclofenac 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 Diclofenac 100mg #60 is not medically necessary.