

Case Number:	CM14-0073403		
Date Assigned:	07/16/2014	Date of Injury:	05/26/2013
Decision Date:	08/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 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:

According to the records made available for review, this is a 51-year-old male with a 5/26/13 date of injury. At the time (5/9/14) of request for authorization for Diclofenac XR tablets 100mg, there is documentation of subjective (no improvement in moderate to severe lower back pain) and objective (positive tenderness in the paralumbar musculature, positive muscle spasming in the paralumbar musculature, and painful range of motion) findings, current diagnoses (low back pain, herniated disc lumbar spine with annular fissure, radiculitis left lower extremity, L4 nerve root distribution, and neuropathic pain), and treatment to date (acupuncture, activity modification, and medications). 4/23/14 medical report identifies that medications are giving patient functional improvement and some pain relief. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Diclofenac use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR tablets 100mg: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, herniated disc lumbar spine with annular fissure, radiculitis left lower extremity, L4 nerve root distribution, and neuropathic pain. In addition, there is documentation of chronic low back pain. However, despite 4/23/14 medical's report documentation that medications are giving patient functional improvement and some pain relief, and given 4/23/14 medical's report documentation of no improvement in moderate to severe lower back pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Diclofenac use to date. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac XR tablets 100mg is not medically necessary.