

Case Number:	CM14-0187902		
Date Assigned:	11/19/2014	Date of Injury:	06/01/2011
Decision Date:	01/07/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, bilateral leg, and left shoulder pain reportedly associated with an industrial motor vehicle accident of June 1, 2011. In a Utilization Review Report dated November 1, 2014, the claims administrator denied a request for diclofenac. The claims administrator stated that its decision was based on an office visit of October 16, 2014 and associated RFA form. The applicant's attorney subsequently appealed. In a May 1, 2014 progress note, the applicant reported 6/10 pain with medications versus 8/10 pain without medications. The applicant stated that medications were working well in one section of the note. This was not elaborated or expounded upon, however. The applicant was status post shoulder surgery in 2012. The applicant was using topical Voltaren, Colace, oxycodone, senna, Desyrel, and morphine, it was acknowledged. The applicant was severely obese, with the BMI of 49. In another section of the note, it was stated that the applicant was having difficulty performing basic activities of daily living including grooming and toileting owing to inability to lift his injured arm. Thea applicant had comorbidities including an unspecified coagulopathy and hepatitis C. Physical therapy was endorsed. The applicant was asked to continue multiple other medications. On May 1, 2014, it was acknowledge that the applicant was not working. The applicant was asked to try and cease smoking. Voltaren gel, oxycodone, morphine, Colace, senna, and Desyrel were renewed. The applicant was using Colace, oxycodone, senna, Desyrel, morphine, and topical Voltaren, it was acknowledged, on June 26, 2014. Portions of this particular note were truncated. The remainder of the file was surveyed. The October 16, 2014 office visit on which oral diclofenac was sought was seemingly not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, NSAIDs, Opioids Page(s): 13, 68-72, 74-97. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 68th Edition, 2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations and should, furthermore, incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider has not clearly stated why the applicant needs to use topical Voltaren in conjunction with oral diclofenac. Similarly, the attending provider has likewise failed to identify any significant improvements in function achieved as a result of ongoing diclofenac usage. The applicant seemingly remains off of work. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of oral diclofenac. While it is acknowledged that the October 16, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.