MAXIMUS Federal Services

Case Number:	CM14-0192911		
Date Assigned:	11/26/2014	Date of Injury:	11/26/2013
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab 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 58 year-old female, who was injured on November 26, 2013, while performing regular work duties. The mechanism of injury is from lifting boxes. The injured worker was placed on modified work duties during the period of October 7, 2014 to November 10, 2014. Treatments received by the injured worker included: icing, medications, back bracing, home exercise program, and chiropractic care. The records note the injured worker felt the chiropractic care made her pain feel worse. The injured worker underwent physical therapy, which was felt to "greatly" improve the pain. The records indicate the injured worker also received acupuncture, which was felt to "moderately" improve the pain. The records reflect an magnetic resonance imaging of the lumbar spine to be completed on February 13, 2014, the results of which indicate mild degenerative arthritis, mild spinal canal stenosis, and disc bulges. On October 8, 2014, Diclofenac (a non-steroidal anti-inflammatory medication), was dispensed in the physician's office, and a prescription given for Tramadol, for moderate to severe pain. The records do not indicate failure of the other non-steroidal anti-inflammatory medications prior to the Diclofenac, and used by the injured worker. The request for authorization is for Diclofenac Sodium ER 100 mg, quantity #60; and Tramadol 50 mg, quantity #30. The primary diagnosis is lumbar sprain. On October 27, 2014, Utilization Review approved the request for the Tramadol; however non-certified the request for Diclofenac, based on MTUS, Chronic Pain medical Treatment, and ODG guidelines. The underlying date of injury in this case is 11/26/2013. The date of the utilization review under appeal is 10/27/2014. An initial physician review discusses this patient's injury which involved a lumbar sprain when lifting some boxes. An initial physician review recommended non-certification of diclofenac, given a recommendation in Official Disability Guidelines that this is not recommended as a first-line agent due to an increased cardiovascular risk profile.On 10/09/2014, primary physician's initial comprehensive

report discusses this patient's diagnosis of a lumbosacral strain and also extensively reviews the patient's medical status and past medical history and past NSAID use including over-the-counter Aleve. The treating physician prescribed diclofenac for mild-to-moderate pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, states that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but that long-term use may not be warranted. The prior physician review discusses a separate guideline in Official Disability Guidelines which states that Diclofenac is not recommended as a first-line NSAID due to its cardiovascular risks. The relative risks of various NSAIDs are subject to much discussion in the medical literature; Diclofenac is not recognized in the Medical Treatment Utilization Schedule as having a higher cardiovascular risk factor; therefore, this primary guideline does support the use of Diclofenac. That said, the medical records additionally include a very detailed discussion of the patient's prior use of the first-line NSAID Aleve over-the-counter and discuss the patient's medical history in detail. Thus, the records do indicate that the physician has considered the patient's past pharmacological history and medical history in making a risk assessment to prescribe Diclofenac. For all of these reasons, the records and guidelines do support this request for Diclofenac. This request is medically necessary.