

Case Number:	CM14-0201709		
Date Assigned:	12/12/2014	Date of Injury:	01/15/2008
Decision Date:	02/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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:

55y/o female injured worker with date of injury 1/15/08 with related low back and left knee pain. per progress report dated 11/5/14, the injured worker described her pain as being constant, sharp, throbbing, and aching in nature. Her pain level was rated as 9/10 without medications and 4/10 with medications. The pain radiated down the left leg. Per physical exam, there was pain with palpation of the spinous process of the lumbar spine, decreased range of motion of the lumbar spine, pain with palpation of the left knee, decreased sensation along the L5 dermatome distribution. She was status post left knee replacement surgery. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery, and medication management. The date of UR decision was 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 MG, 1 Twice Daily #60: Overturned

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

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

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." I respectfully disagree with the UR physician. Diclofenac sodium is recommended as a nonselective NSAID. It is indicated for the injured worker's low back and left knee pain. The request is medically necessary.