

Case Number:	CM14-0205252		
Date Assigned:	12/17/2014	Date of Injury:	07/25/2008
Decision Date:	02/06/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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:

This 45 year-old patient sustained an injury on 7/25/08 while employed by [REDACTED]. Request(s) under consideration include Diclofenac ER 100 MG #120 60 Day Supply. Diagnoses include lumbar disc with radiculitis/ disc degeneration; and low back pain. Conservative care has included medications, therapy, CBT, psychology consult, and modified activities/rest. Medications list Diclofenac, Prilosec, Dendracin cream, Wellbutrin, Lidocaine topical, Metformin, Insulin, Ultracet, and Docusate. The patient continues to treat for chronic ongoing symptoms of low back radicular pain into the lower extremities. Report from the provider noted continued low back and lower extremity pain rated at 8-10/10; there is recommendation for weight loss prior to any consideration of surgical intervention. Exam showed unchanged findings of non-antalgic gait; limited lumbar range in all planes with increased pain on movement; good eye contact with good judgement and normal affect. Treatment included medications. The request(s) for Diclofenac ER 100 MG #120 60 Day Supply was non-certified on 11/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100 mg #120 60 Day Supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This 45 year old patient sustained an injury on 7/25/08 while employed. Request(s) under consideration includes Diclofenac ER 100 mg #120 60 Day Supply. Diagnoses include lumbar disc with radiculitis/disc degeneration; and low back pain. Conservative care has included medications, therapy, CBT, psychology consult, and modified activities/rest. Medications list includes Diclofenac, Prilosec, Dendracin cream, Wellbutrin, Lidocaine topical, Metformin, Insulin, Ultracet, and Docusate. The patient continues to treat for chronic ongoing symptoms of low back radicular pain into the lower extremities. Report from the provider noted continued low back and lower extremity pain rated at 8-10/10; there is recommendation for weight loss prior to any consideration of surgical intervention. Exam showed unchanged findings of non-antalgic gait; limited lumbar range in all planes with increased pain on movement; good eye contact with good judgment and normal affect. Treatment included medications. The request(s) for Diclofenac ER 100 mg #120 60 Day Supply was non-certified on 11/26/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2008 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Diclofenac ER 100 mg #120 60 Day Supply is not medically necessary and appropriate.