

Case Number:	CM14-0207466		
Date Assigned:	12/19/2014	Date of Injury:	07/23/1999
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/11/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine, 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 patient is a 65 year old female with the injury date of 07/23/99. Per physician's report 11/07/14, the patient has neck and low back pain, radiating down her legs. The patient is scheduled for the psychology clearance on 12/04/14. The patient is currently taking Ambien, Lexapro, Gabapentin, Diclofenac Sodium, Oxycontin, Advair, Albuterol, Glyburide, Janumet, Lantus, Lisinopril, Nystatin topical cream, Percocet, Proair, Robaxin, Simvastatin and Singulair. The diagnosis is Lumbar disc displacement without myelopathy. Urine drug screening was performed and the report was not provided. The patient is not working. Per 09/05/14 progress report, the patient had a consultation with a neurosurgeon who suggested the spinal cord stimulator. The patient reports experiencing severe radiating symptoms in her legs and weakness in her left leg. "Strong opioid medication does help some of her pain." The patient has used an electric wheelchair. Due to her medical conditions particularly asthma and cirrhosis and diabetes, she is not a surgical candidate. Per 07/11/14 progress report, the patient stopped physical therapy due to severe pain. The patient has significant sleeping problems, such as waking up frequently at night. The utilization review determination being challenged is dated on 12/01/14. Treatment reports were provided from 03/05/14 to 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac Sodium (DOS: 7.23.14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The patient is currently taking Ambien, Lexapro, gabapentin, Diclofenac Sodium, Oxycontin, Advair, Albuterol, Glyburide, Janumet, Lantus, Lisinopril, Nystatin topical cream, Percocet, Proair, Robaxin, Simvastatin and Singulair. The request is for RETROSPECTIVE REQUEST FOR DICLOFENAC SODIUM 1.5% 60MG (DOD 07/23/14). The patient has been utilizing Diclofenac sodium since at least 09/05/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports do not indicate whether the patient has utilized other NSAIDs or not. The request IS NOT medically necessary.