

Case Number:	CM14-0216726		
Date Assigned:	01/06/2015	Date of Injury:	09/11/2012
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 male patient, who sustained an industrial injury on 09/11/2012. A follow up visit dated 10/15/2014 reported subjective complaints of continued low back pain. Specifically, the pain is to bilateral neck, back and shoulders. He is found with significant limitations of his lumbar spine range of motion as well as positive straight leg raising bilaterally; left greater than right side. He is diagnosed with lumbago. The plan of care mentioned multiple requests for a nerve root block, refill medications Soma, Norco, and Gralise. On 12/03/2014 Utilization Review non-certified a request for Voltaren gel, noting the CA MTUS Chronic Pain and The Official Disability Guidelines, Pain were cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. The claimant had tried Diclofenac, Ibuprofen, Tramadol and Naposyn in combination with Norco , Soma and Flexeril. Long-term NSAID use has renal and GI risks. There was no indication for combining multiple NSAIDs and opioids. Individual pain response to medication cannot be determined. Continued use of Diclofenac is not medically necessary.