

Case Number:	CM15-0004241		
Date Assigned:	01/15/2015	Date of Injury:	01/02/1993
Decision Date:	03/18/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 69-year-old male who reported an injury on 01/02/1993. The mechanism of injury was not specifically stated. The current diagnoses include multilevel lumbar spine discopathy and status post thoracic spine surgery. The injured worker presented on 11/19/2014 with complaints of 4/10 low back pain, with numbness and tingling in the bilateral lower extremities. The injured worker also reported 2/10 mid back pain, and 1/10 neck and bilateral foot pain. The injured worker was utilizing Tylenol No. 3, Voltaren, benazepril and ciprofloxacin. The injured worker was not attending any form of therapy. Upon examination of the cervical spine, there was tenderness at the occipital insertion of the paracervical musculature, mild tenderness bilaterally in the trapezii and a midline base of cervical spine tenderness. There was 30 degree flexion, 20 degree extension, inhibition of rotation to the right and left to only 20 degrees, and limited scapular retraction. Full shoulder motion was accompanied by trapezius tenderness and pain. Sensation was intact in all upper extremities, and there was mild inhibition of motor strength by neck pain; however, no gross weakness. The injured worker also had a mildly positive head compression sign. Examination of the lumbar spine revealed tenderness from the thoracolumbar spine down to the base of the pelvis with slight tightness bilaterally and buttock tenderness. The injured worker was unable to fully squat secondary to pain. There was tenderness on stress of the pelvis, which indicated mild sacroiliac joint symptomatology. There was 20 degree flexion, 15 degree extension, and 15 degree right and left tilt. Reflexes were intact, and there was no motor weakness in the lower extremities. Recommendations included a

prescription for diclofenac 100 mg and Tylenol No. 3. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. It is unclear how long the injured worker has utilized diclofenac. California MTUS Guidelines do not recommend long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically appropriate.