

Case Number:	CM15-0007206		
Date Assigned:	01/22/2015	Date of Injury:	04/18/2013
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/13/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female who reported an injury on 04/18/2013, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker was evaluated on 11/25/2014. It was documented that the injured worker's treatment history included narcotic pain medications, and physical therapy. Previous diagnostic studies included an x-ray and an MRI. The injured worker's physical findings included tenderness to palpation of the facets of the lumbar spine, with range of motion described at 100 degrees in flexion and 15 degrees in extension, with a positive straight leg raising test bilaterally. The injured worker's diagnoses included degenerative disc disease, lumbar radiculopathy, facet arthropathy, and myofascial pain syndrome. The injured worker's medications included diclofenac potassium tablets 50, and tramadol 50 mg. The injured worker's treatment plan included a home exercise program, and continuation of medications. A Request for Authorization dated 12/01/2014, was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Potassium 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60 and 67.

Decision rationale: The requested diclofenac potassium 50 mg, #30, is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of nonsteroidal anti-inflammatory drugs in the management of chronic pain. However, continued use of these medications should be supported by documented functional benefit and evidence of pain relief. The clinical documentation indicates that the injured worker has been on this medication since at least 11/2013. However, significant pain relief and increased functional benefit is not provided within the documentation. Additionally, the request does not include a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested diclofenac potassium 50 mg, #30, is not medically necessary or appropriate.