

Case Number:	CM15-0107151		
Date Assigned:	06/11/2015	Date of Injury:	03/07/2008
Decision Date:	07/16/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 7, 2008. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for diclofenac. The claims administrator referenced a RFA form received on May 15, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of low back and bilateral lower extremity pain, exacerbated by walking, standing and lifting. The applicant was using Neurontin, Ritalin, Cymbalta, tramadol, Prilosec, diclofenac, and a cane, it was reported. The note was very difficult to follow. It was not clearly stated which medications represented first time request and which medications represented renewal request. In another section of the note, towards the bottom of the report, the attending provider suggested that the applicant discontinued the tramadol. Activities of daily living including lifting, walking, standing, and the like remain problematic, it was reported. The applicant's work status was not explicitly detailed. On April 29, 2015, it was suggested that the applicant could only walk up to two blocks. It was stated that the applicant was avoiding socializing, avoiding exercising and avoiding performing household chores secondary to her pain complaints. The applicant was using Motrin and Cymbalta, it was reported on this date. Tramadol, Neurontin and diclofenac were all prescribed while the applicant's permanent work restrictions were renewed. Once again, it was not stated whether diclofenac was intended to replace previously prescribed Motrin or whether the attending provider intended for the applicant to use the two medications in parallel. It was not stated whether diclofenac represented a renewal request or first-time request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant specific variable such as "other medications" into his choice of his pharmacotherapy. Here, progress notes of April 29, 2015 and May 4, 2015 seemingly suggested that the attending provider intended for the applicant to concurrently employ two separate anti-inflammatory medications Motrin and diclofenac. The attending provider did not, however, furnish a clear or compelling rationale for concurrent usage of two separate anti-inflammatory medications. Therefore, the request for diclofenac was not medically necessary.