

Case Number:	CM15-0107254		
Date Assigned:	06/11/2015	Date of Injury:	10/02/2014
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on 10/2/14. He reported right hip and low back pain after a fall. The injured worker was diagnosed as having lumbar disc herniation with neural foraminal narrowing and lumbar facet arthropathy. Treatment to date has included physical therapy, home exercise program, acupuncture, 2 cortisone injections, Advil and Tylenol and activity restrictions. Currently, the injured worker complains of low back and hip, pain rated 7/10. He has not worked since the injury. Physical exam noted mildly antalgic gait, tenderness to palpation over the right lumbar paraspinous region and right lower lumbar facet region, pain with palpation in right SI joint and some pain with internal and external rotation of the right hip. A request for authorization was submitted for Diclofenac sodium, medial branch block injection, 8 chiropractic treatments, general orthopedic consult and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 75mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there are functional efficacies derived from treatment rendered enabling the patient to continue functioning. The Diclofenac Sodium 75mg #60 is medically necessary and appropriate.