

Case Number:	CM15-0131642		
Date Assigned:	07/17/2015	Date of Injury:	11/10/2003
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/07/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 52 year-old female who sustained an industrial injury on 11/10/03. She reported back pain; initial diagnoses are not available. Current diagnoses include chronic pain syndrome, spinal stenosis of lumbar region, with neurogenic claudication, displacement of lumbar intervertebral disc without myelopathy, lumbago, and depression. Diagnostic testing and treatments to date have included x-rays, MRI, epidural steroid injections, physical therapy, chiropractic care, acupuncture, and pain medication management. Currently, the injured worker complains of pain in her left lower back that continues to radiate to her left leg and toes with numbness, tingling, and weakness. She rates the pain as an 8 on a 10 point pain scale. She has urinary incontinence. Recent physical therapy did not help; chiropractic treatments, acupuncture, and epidural steroid injections did not help. Physical examination is remarkable for midline tenderness to palpation of the lumbar spine; range of motion is painful; there is numbness in the left S1 distribution, and she has positive left-seated and supine straight leg raise. She is unable to perform single heel raises bilaterally, and has difficulty heel and toe walking. She has residual back symptoms aggravated on 01/16/15. Requested treatments include retrospective DOS 6/18/15 Diclofenac sodium ER 100mg Qty: 60.00. The injured worker is under modified duty. Date of Utilization Review: 07/02/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 6/18/15 Diclofenac Sod ER 100mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Retro DOS 6/18/15 Diclofenac Sod ER 100mg Qty: 60.00, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Guidelines also state that NSAIDs are no more effective than other drugs such as acetaminophen. In addition, guidelines state that no one NSAID is more effective than another. Within the documentation available for review, there is no indication that the prior two NSAIDs provided any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement, and no documentation the patient has failed acetaminophen. In the absence of such documentation, the currently requested Retro DOS 6/18/15 Diclofenac Sod ER 100mg Qty: 60.00 is not medically necessary.