MAXIMUS Federal Services

Case Number:	CM15-0140453		
Date Assigned:	07/30/2015	Date of Injury:	04/29/2013
Decision Date:	09/02/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/20/2015

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 54-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of April 29, 2013. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for diclofenac. The claims administrator referenced an RFA form received on June 10, 2015 in its determination. The applicant's attorney subsequently appealed. On a June 10, 2015 RFA form, tramadol, diclofenac, and Prilosec were endorsed. In an associated progress note dated May 22, 2015, the applicant reported ongoing complaints of neck, upper back, mid back, lower back, knee, and leg pain, 5-8/10, aggravated by bending, reaching, kneeling, exercising, pushing a grocery cart, sitting, standing, and/or walking. The applicant could only walk up to half a block secondary to her pain complaints. The applicant was avoiding going to work owing to her pain complaints, it was acknowledged. The applicant was also avoiding exercising, performing household chores, and/or doing yard work, it was reported. The applicant was receiving both Workers Compensation indemnity benefits and disability insurance benefits, it was reported. The applicant had not worked since 2013, it was acknowledged. Tramadol, diclofenac, and Prilosec were endorsed. The office visit in question was framed as a first-time pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren- XR Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: No, the request for diclofenac extended release was not medically necessary, medically appropriate, or indicated here. As noted on page 71 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren extended release (AKA diclofenac extended release) should "only be used as chronic maintenance therapy." Here, however, the attending provider, a pain management physician, seemingly employed diclofenac extended release for the first time on May 22, 2015. The attending provider did not, thus, appropriately reserve diclofenac extended release for the chronic maintenance therapy role for which it is espoused, per page 71 of the MTUS Chronic Pain Medical Treatment Guidelines. ODG's Chronic Pain Chapter Diclofenac topic further stipulates that diclofenac is not recommended as a first-line [NSAID] owing to its increased risk profile. Here, the attending provider failed to furnish a clear or compelling rationale for this first-time request for diclofenac in favor of conventional NSAIDs such as Motrin or naproxen. Therefore, the request was not medically necessary.