

Case Number:	CM15-0141649		
Date Assigned:	07/31/2015	Date of Injury:	03/21/2012
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 injured worker is a 35 year old male, who sustained an industrial injury on 3-21-12. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar radiculopathy; status post lumbar surgery (3-17-14); spondylolisthesis. Treatment to date has included status post bilateral L5-S1 laminectomy and foraminotomy and posterior spinal fusion with pedicle screws (3-17-14); physical therapy; medications. Diagnostics studies included MRI lumbar spine (4-30-15). Currently, the PR-2 notes dated 6-16-15 are hand written and are difficult to decipher. The notes indicated the injured worker complains of pain rated at 5-8 over 10. He is approximately 15 months status post bilateral L5-S1 laminectomy and foraminotomy and posterior spinal fusion with pedicle screws (3-17-14). He is reporting lower back pain on the right-side of the lumbar spine. Objective findings document a well healed midline lumbar incision with tender to palpation of the lumbar spine on the right side. Medications are notes as Tramadol. A MRI of the lumbar spine was completed on 4-30-15 reporting L5-S1 discectomy with anterior fusion, right laminectomy and bilateral pedicle screw-rod fixation in normal alignment with patent central canal and mildly narrowing foramina; L4-5 circumferential 1mm disc bulge mildly narrowing both neural foramina. The treatment plan includes a prescription for Tramadol 50mg one twice a day, start home exercise program and encouraged him to join a gym and consider light duty if this is available to him. He also requested physical therapy to teach self-directed exercises. The provider is requesting authorization of Diclofenac tablets 100mg ER (extended release), #60 (30 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac tablets 100mg ER (extended release), #60 (30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects-Diclofenac Sodium, Diclofenac Potassium Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAIDs Page(s): 67, 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Diclofenac.

Decision rationale: MTUS Guidelines are not generally supportive of NSAIDs for chronic spinal pain, however the Guidelines do allow for use if they prove to be highly beneficial with pain and functioning. However, updated Guidelines are not supportive of this particular NSAID medication and other NSAID's should be trialed first. ODG Guidelines utilize updated literature and recommend that Diclofenac be utilized only as a 2nd line drug due to its high side effect profile for the heart and liver. There is no evidence of prior trials of other first line NSAIDs prior to the recommendation for Diclofenac. Under these circumstances, the Diclofenac tablets 100mg ER (extended release), #60 (30 day supply) is not supported by Guidelines and is not medically necessary and appropriate.