

Case Number:	CM15-0142798		
Date Assigned:	08/03/2015	Date of Injury:	05/12/2014
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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 30 year old female who sustained an industrial injury on 05-12-2014. Mechanism of injury was not found in documentation provided for review. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, and disorders of bursae and tendons in the shoulder region. Treatment to date has included diagnostic studies, medications, activity modifications, epidural steroid injections without relief, use of a Transcutaneous Electrical Nerve Stimulation unit, and physical therapy. On 09-14-2014 a Magnetic Resonance Imaging of the lumbar spine revealed multiple areas of disc protrusion with neuroforaminal stenosis and spinal canal narrowing. An x-ray of the lumbar spine done on 06-11-2015 revealed mild narrowing of the L5-S1 disc space. A physician progress note dated 07-06-2015 documents the injured worker complains of worse pain and rates her pain as 9 out of 10. Her pain has not improved since the injections and it is getting worse. She has localized sharp pain in the low back and it radiates down the back of her legs. She has pain in the left shoulder as well. Her right leg is worse than the left. Associated symptoms include numbness and tingling and weakness to the point she feels she may fall. There is full range of motion of the cervical spine and there is tenderness to palpation over the left cervical paraspinal muscles. The lumbar spine range of motion is restricted. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is sciatic notch tenderness on the right. She has positive lumbar facet loading maneuver bilaterally. She has break through weakness secondary to pain in the bilateral lower extremities. Straight leg raise is positive bilaterally in the seated and supine position. The treatment plan includes a Magnetic Resonance Imaging of the lumbar spine to rule out

intraspinal pathology. The medications Cyclobenzaprine, and Prilosec were ordered. Treatment requested is for Diclofenac XR 100 mg #30.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported, therefore, the request for Diclofenac XR 100 mg #30 is determined to not be medically necessary.