

Case Number:	CM15-0181930		
Date Assigned:	09/23/2015	Date of Injury:	02/18/2014
Decision Date:	10/27/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 43-year-old male, with a reported date of injury of 02-18-2014. The diagnoses include lumbar herniated nucleus pulposus, lumbar radiculopathy, and lumbar facet arthropathy. Treatments and evaluation to date have included Pamelor (caused nausea), Advil (with some relief), Lidopro (caused burning), gabapentin (caused GI upset), Ketoprofen cream (little pain relief), Cymbalta, Relafen, and chiropractic treatment. The diagnostic studies to date have included an MRI of the lumbar spine on 05-04-2015 which showed mild degenerative disc disease with retrolisthesis at L5-S1 and minimal dextroscoliosis, neural foraminal narrowing which included L4-5 mild to moderate left neural foraminal narrowing, and L5-S1 minimal broad-based bulge; and electrodiagnostic studies of the bilateral lower extremities on 03-09-2015 with normal findings. The progress report dated 08-10-2015 indicates that the injured worker was there for follow-up of low back pain. The pain was described as aching and stabbing. He currently rated his pain 4 out of 10. The injured worker stated that his pain ranged from 2-6 out of 10. The injured worker reported occasional pain and numbness traveling down the right leg to the foot. He also continued to have some neck pain that was rated 2 out of 10. The injured worker stated that his activity level continued to be limited by pain. With use of Cymbalta and Relafen, the injured worker's pain level decreased from 6 out of 10 to 2 out of 10. It was noted that the medications allowed him to increase his walking distance by at least 15 minutes. The physical examination showed decreased cervical spine range of motion, a mildly antalgic gait, pain with lumbar facet loading bilaterally, decreased lumbar range of motion, and normal sensation in the lower extremities. The treatment plan included a prescription for Cymbalta,

Voltaren (diclofenac sodium) DR 75mg #60 to be taken up to two times a day as needed for pain and inflammation, and Prilosec. The injured worker is working full duty. His work status was indicated as usual and customary. The request for authorization was dated 08-10-2015. The treating physician requested Diclofenac Sodium DR 75mg #60. On 09-09-2015, Utilization Review (UR) non-certified the request for Diclofenac Sodium DR 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium DR 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, diclofenac sodium DR 75 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are lumbar HNP; lumbar radiculopathy; and lumbar facet arthropathy. The date of injury is February 18, 2014. Request for authorization is September 2, 2015. According to a May 4, 2015 progress note, the injured worker has ongoing low back pain 6/10. Medications include Ketoprofen cream and gabapentin. The treating provider initiated diclofenac sodium DR 75 mg. According to an August 10, 2015 progress notes, the injured worker has ongoing low back pain 4/10. The documentation shows Relafen 750 mg was added to the drug regimen. There is no documentation of failed first-line non-steroidal anti-inflammatory drug treatment (i.e. Motrin and Naprosyn). The current list of medication still contains diclofenac sodium DR. The documentation reflects the injured worker is now taking two non-steroidal anti-inflammatory drugs. Diclofenac is not recommended as a first-line drug due to its increased risk profile. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line non-steroidal anti-inflammatory drugs, guideline non- recommendations of diclofenac based on its increased risk profile, no documentation demonstrating objective functional improvement and no clinical indication or rationale for diclofenac DR (over first line non-steroidal anti-inflammatory drugs), diclofenac sodium DR 75 mg #60 is not medically necessary.