

Case Number:	CM15-0188015		
Date Assigned:	10/21/2015	Date of Injury:	12/10/2010
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 48 year old male who sustained an industrial injury on 12-10-10. A review of the medical records indicates that the worker is undergoing treatment for lumbar disc herniations L3-4, L4-5, and L5-S1 with severe left neural foraminal narrowing at L5-S1, lumbar facet arthropathy, and lumbar stenosis. Subjective complaints (9-14-15) include burning and stabbing pain in the low back, greater on the left, weakness stabbing and tingling in the left lower extremity, occasional numbness and tingling in the left foot, and pain is rated at 7 out of 10. Objective findings (9-14-15) include an antalgic gait, limited lumbar spine range of motion in all planes, tenderness to palpation of the lumbar spine with spasms, decreased sensation in left L3, L4, L5, and S1 dermatomes and positive straight leg raise (left) at 50 degrees with radiating symptoms to the left ankle. Work status notes the last date worked was 12-10-10. Current medications are Diclofenec Sodium ER, Lyrica 50mg and Ultracet 37.5-325mg. Previous treatment includes transforaminal epidural steroid injection left S1 (4-30-15 with reported 0% relief), 3-4 epidural injections prior to surgery in 2012, Tylenol, Advil, and Aleve (with report of no relief), Tylenol III, Norco, Docusone, Gabapentin, Relafen, at least 18 sessions of physical therapy, at least 8 sessions of chiropractic care, and at least 7 sessions of acupuncture. The requested treatment of Diclofenec Sodium ER 100mg was non-certified on 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Up to date topic 9682 and version 145.0.

Decision rationale: The guidelines state that Naprosyn and NSAIDs in general are indicated for acute exacerbation of pain and should be avoided in the treatment of chronic pain and should be a second line drug after the use of acetaminophen because of less side effects. NSAIDs have been implicated in cardiac, GI, renal side effects and high blood pressure. A Cochrane study confirmed the above and a Maroon study stated that NSAIDs may actually delay healing of all soft tissue if given on a chronic basis. In a review in the shoulder section of the AECOM it states that invasive techniques have limited proven value. If pain with elevation causes significant limitation in activity then sub acromial injection with a local anesthetic and steroid preparation may be attempted after 2 to 3 weeks of conservative treatment with shoulder strengthening exercises and NSAID treatment. Treatment indications include such entities as ankylosing spondylitis, osteoarthritis, rheumatoid arthritis, acute gout, dysmenorrhea, acute tendinitis and bursitis, and acute migraine. The above patient has chronic pain and is already on acetaminophen and a narcotic and has been on a wide range of different medicines and has had a wide variety of treatment modalities. No side effects are noted with the above medication. Therefore, the patient should be allowed the use of this medicine as part of the pain regiment treatment. Therefore, the requested treatment is medically necessary.