

Case Number:	CM15-0190221		
Date Assigned:	10/02/2015	Date of Injury:	07/24/2013
Decision Date:	11/13/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 36-year-old male with a date of industrial injury 7-24-2013. The medical records indicated the injured worker (IW) was treated for displacement of lumbar intervertebral disc without myelopathy. In the progress notes (9-3-15), the IW reported no changes since the last visit. Lower back and left hip pain was still present, radiating to the left leg, associated with numbness, tingling and weakness of the left leg. His average pain over the last seven days was 7 out of 10; it was 6 at best and 9 at worst. Rest and lying down relieved the pain. Medications included Gabapentin, Diclofenac (since at least 12-22-14) and Cyclobenzaprine. On examination (9-3-15 notes), the bilateral lumbar paraspinal muscle were tender to palpation. Range of motion was measured (in degrees) as follows: forward flexion 50, extension 20, right side bending 20 and left side bending 25. Seated and supine straight leg raise was positive on the left at 40 degrees. Motor strength was slightly reduced in the left ankle plantar flexor and left great toe extensor. Sensation was diminished in the L4 through S1 dermatomes on the left. Treatments included medications. A Request for Authorization dated 9-3-15 was received for Diclofenac sodium ER 100mg, #30. The Utilization Review on 9-17-15 non-certified the request for Diclofenac sodium ER 100mg, #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: 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 (Chronic), Diclofenac.

Decision rationale: Volteran/Zipsor is the name brand version of Diclofenac, which is a NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain, Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, ODG also states that diclofenac is "Not recommended as first line due to increased risk profile. If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." Medical documents indicate that the patient has been on diclofenac since at least 12/2014, which given the treatment history does not appear to be the shortest duration possible. Additionally, the medical documentation provided does not indicate objective functional improvement with the use of this medication. As such, the request for Diclofenac XR 100 MG #30 is not medically necessary.