

Case Number:	CM15-0190386		
Date Assigned:	10/02/2015	Date of Injury:	06/11/2015
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female who sustained an industrial injury on 6-11-15. A review of the medical records indicates she is undergoing treatment for exacerbation of right hip avascular necrosis, left hip avascular necrosis, and lumbar strain. Medical records (7-27-15 to 8-24-15) indicate worsening symptoms of right hip pain, as well as ongoing low back pain. She rates her pain "10 out of 10" on 8-24-15. She reports feelings of frustration and depression. The physical exam (8-24-15) reveals an antalgic gait with the use of a cane. She is noted to be "globally tender" over the right hip, over the lateral aspect of the trochanter anteriorly and deep in the gluteal region. Positive tests include Log roll, Faber, Fadir, Stinchfield, and Thomas. Decreased range of motion of the right hip is noted. Sensation is noted to be "intact". Motor strength is noted to be "4 out of 5" of the hip flexors, extensors, abductors, and adductors. Deep tendon reflexes of the knee and ankle are "+2". Babinski and Hoffman's sign are negative. Diagnostic studies have included an MRI of the right hip on 8-5-15, as well as x-rays of the right hip and lumbar spine and a CT of the lumbar spine. Treatment has included medications of Norco 5-325 twice daily as needed, Diclofenac 100mg twice daily, Pantoprazole 20mg twice daily, Tramadol 150mg twice daily, Zolpidem 10mg at bedtime, and Alprazolam 1mg as needed for anxiety. She was started on Diclofenac on 8-20-15. The utilization review (8-28-15) includes a request for authorization of Diclofenac 100mg #60. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg #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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in June 2015 and is being treated for right hip and groin pain after tripping on a hole in a floor. She has bilateral hip avascular necrosis with an MRI in August 2015 showing findings of bilateral, right greater than left marrow edema. Hip surgery is being recommended. When seen, she was having hip and low back pain. Physical examination findings included lumbar tenderness and spasm with decreased range of motion and positive right straight leg raising and Kemp's testing. There was a slow and guarded gait with a limp. Diclofenac 100 mg #60 and Pantoprazole were prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day, although dosing up to 200 mg per day can be considered when being used for rheumatoid arthritis. In this case, the claimant has chronic persistent pain but the dosing is in excess of that recommended for her condition. It is not a first-line medication. The request is not considered medically necessary.