MAXIMUS Federal Services

Case Number:	CM15-0194065		
Date Assigned:	10/07/2015	Date of Injury:	04/02/2012
Decision Date:	11/19/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/02/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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 64 year old male, who sustained an industrial-work injury on 4-2-12. He reported initial complaints of neck pain and upper extremity paresthesias. The injured worker was diagnosed as having cervical spinal stenosis. Treatment to date has included medication, ESI (epidural steroid injection), surgery (L4-5 laminectomy, anterior cervical discectomy and fusion at C5-6), physical therapy, and diagnostics. MRI results were reported C5-6 fusion and some segmental breakdown at C4-5 and a greater degree at C6-7 with associated foraminal narrowing. Currently, the injured worker complains of continued neck pain that radiates into both upper extremities and shoulders. Conservative treatments gave moderate relief. Per the orthopedic progress report on 8-18-15, exam noted tenderness with palpation about the base of the cervical spine and bilaterally about the cervical paraspinal musculature, active range of motion was guarded, and normal motor exam and sensory exam. The Request for Authorization requested service to include Diclofenac sod ER 100mg #60. The Utilization Review on 9-18-15 denied the request for Diclofenac sod ER 100mg #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sod ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "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. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 3/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.