

Case Number:	CM15-0194181		
Date Assigned:	10/08/2015	Date of Injury:	06/15/2012
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 31 year old male, who sustained an industrial injury on 6-15-2012. The medical records indicate that the injured worker is undergoing treatment for cervical sprain-strain, thoracic sprain-strain, lumbar sprain-strain, lumbosacral or thoracic neuritis or radiculitis, and chronic pain. According to the progress report dated 8-22-2015, the injured worker presented with complaints of pain in the neck, upper back, and lower back. On a subjective pain scale, he rates his pain 4 out of 10. The physical examination reveals tenderness to palpation and mild decrease range of motion. The current medications are not specified. The medical records do not indicate when Diclofenac was originally prescribed. Previous diagnostic studies were not indicated. Treatments to date include medication management, home exercise program, TENS unit, acupuncture, Toradol injection, and trigger point injections. Work status is described as permanent and stationary. The original utilization review (9-4-2015) had non-certified a retrospective request for 2 prescriptions of Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 2 Prescriptions Diclofenac Sodium ER 100 MG #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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was no recent record which clearly stated a measurable functional gain and pain reduction directly and independently related to the use of NSAIDs. This is a request for diclofenac sodium ER, however, there was no record found of any diagnosis such as osteoarthritis for which chronic use of this or other NSAID might be considered reasonable. Regardless, considering the significant long-term risks associated with this medication being used chronically as was the intention of this request, according to the record, the diclofenac is not medically necessary at this time.