MAXIMUS Federal Services

Case Number:	CM15-0207510		
Date Assigned:	10/26/2015	Date of Injury:	08/23/2015
Decision Date:	12/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 35 year old male with a date of injury on 08-23-2015. The injured worker is undergoing treatment for cervical spine sprain-strain, thoracic spine sprain-strain, lumbar spine sprain-strain, left shoulder sprain-strain, bilateral wrist sprain-strain more on the right. He has bilateral thigh referred pain from the lumbar spine, headaches, sleep disorder, dysuria, and post-traumatic stress disorder. A physician progress note dated 09-10-2015 documents the injured worker has complaints of pain in his shoulder, arms, wrists, cervical, thoracic and lumbar spine. He has stress, sleep problems, headaches, and psyche problems. He has excretory system problems. There is cervical spine tenderness and trapezius muscle tenderness bilaterally. He has cervical restricted range of motion. Cervical compression is positive on the left. His left shoulder has a positive Apley's scratch test. He has a positive Tinel's sign on the left. There is tenderness to the thoracic spine at T9 to T12 and parathoracic muscles bilaterally. The lumbar spine has tenderness over the L1 to S2 spinous processes and paralumbar muscle bilaterally. There is positive Lasegue's test bilaterally and positive Milgram's test. Treatment to date has included medications and diagnostic studies. A Nerve Conduction Velocity of the upper extremities done on 09-22-2015 showed mild right carpal tunnel syndrome involving the sensory fibers only. Current medications include Tylenol #3, Gabapentin, Vicodin, Naproxen, Omeprazole, Fioricet and Ambien. On 09-29-2015 Utilization Review non-certified the request for Diclofenac 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 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): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. As noted in ODG, Diclofenac is not recommended as a first line agent due to higher cardiovascular risk profile. As noted in ODG, "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011) Another meta-analysis supported the substantially increased risk of stroke with diclofenac, further suggesting it not be a first-line NSAID (Varas-Lorenzo, 2011)". In this case, the medical records do not establish failure of first line anti-inflammatory agents and as noted above, diclofenac is not supported as a first line anti-inflammatory medication. The request for Diclofenac 100mg #60 is not medically necessary or appropriate.