

Case Number:	CM15-0024158		
Date Assigned:	02/13/2015	Date of Injury:	05/30/2012
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 42-year-old [REDACTED] employee who has filed a claim for chronic headaches, neck pain, extremity pain, anxiety, and depression reportedly associated with an industrial injury of May 30, 2012. In a utilization review report dated January 27, 2013, the claims administrator failed to approve a request for oral diclofenac. The claims administrator referenced an RFA form received on January 19, 2015 in its determination. The claims administrator contended that the applicant had failed to profit from the same. The applicant's attorney subsequently appealed. On December 11, 2014, the applicant reported ongoing complaints of neck pain, headaches, vertigo, anxiety, depression, and insomnia. The applicant's medication list included Xanax, Tenormin, Valium, diclofenac, Prozac, Depakote, Dilaudid, Prilosec, and tizanidine. The applicant was placed off of work, on total temporary disability. The attending provider posited that the applicant's medications were 50% beneficial but declined to elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treat.

Decision rationale: 1.No, the request for diclofenac, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic multifocal pain complaints reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work, despite ongoing diclofenac usage, it was acknowledged on December 11, 2014. The applicant continued to remain dependent on opioid agents such as Dilaudid and non-opioid agents such as tizanidine, again despite ongoing diclofenac usage. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.