

Case Number:	CM15-0026663		
Date Assigned:	02/19/2015	Date of Injury:	01/22/2001
Decision Date:	03/30/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/12/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 January 22, 2001. The diagnoses have included lumbago, cervicgia, and cervical pain. Treatment to date has included TENS, stretching, heat, and medications. Currently, the injured worker complains of neck pain with increased headaches, stiffness and spasms in the neck, with radiation of pain to the shoulders and lower back. The Primary Treating Physician's report dated January 27, 2015, noted the cervical spine tender with decreased flexion, decreased extension, decreased rotation, decreased left lateral bending, and decreased right lateral bending. The lumbar spine was noted to be tender at the facet joint, right sacroiliac joint and left sacroiliac joint. On February 6, 2015, Utilization Review non-certified a retrospective request for Diclofenac 75 mg #90 with a DOS of 1/27/2015, noting the available clinical information did not support the medical necessity. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of a retrospective request for Diclofenac 75 mg #90 with a DOS of 1/27/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac 75 mg #90 with a dos of 1/27/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: This 47 year old female has complained of neck pain and lower back pain since date of injury 1/22/01. She has been treated with a TENS unit, physical therapy and medications to include NSAIDS for at least 1 month duration. The current request is for Diclofenac. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 1 month duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Diclofenac is not indicated as medically necessary in this patient.