

Case Number:	CM15-0221288		
Date Assigned:	11/16/2015	Date of Injury:	09/26/2013
Decision Date:	12/23/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/10/2015

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, Florida, 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 injured worker is a 36 year old male, who sustained an industrial injury on 9-26-13. The injured worker was being treated for unspecified internal derangement of knee and displacement of lumbar intervertebral disc without myelopathy. On 9-22-15, the injured worker complains of dull, aching pain in lumbar spine aggravated by bending, standing, sitting and walking for prolonged periods and lying down; decreased with medications and relaxation. Work status is unclear. Physical exam performed on 9-22-15 revealed decreased lumbar range of motion and tenderness to palpation over the medial joint line of right knee. It is noted results of urine toxicology screen were "negative." Treatment to date has included transforaminal lumbar epidural steroid injections (with 50% reduction in pain initially), acupuncture (no long term improvement, oral medications including Tramadol 150mg (since at least 4-20-15), Diclofenac XR 100mg (since at least 4-20-15), right knee injection and activity modification. On 10-1-15 request for authorization was submitted for repeat LESI, orthopedic surgery consult, Tramadol 150mg #30, Diclofenac 100mg #30 and Prilosec 20mg #60 retrospectively for 9-22-15. On 10-9-15 request for Diclofenac 100mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 9/22/15): Diclofenac XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, under Diclofenac.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. and ODG, pain section, under Diclofenac. Page 67. This claimant was injured two years ago with unspecified internal derangement of the knee, and lumbar disc displacement. The claimant has been on this medicine at least since April. No objective, functional improvement is noted. No moderate to severe osteoarthritis is noted. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes: Not recommended as first line due to increased risk profile. 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%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request is not medically necessary and was appropriately non-certified.