

Case Number:	CM15-0035921		
Date Assigned:	03/04/2015	Date of Injury:	08/18/2012
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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: Physical Medicine & Rehabilitation

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 50 year old male, who sustained an industrial injury on 8/18/2012. He has reported back pain. The diagnoses have included lumbar disc strain with disc bulge at L3-L4 and L4-5, degenerative disc disease with neuroforaminal stenosis, rule out radiculopathy. Documentation indicating the treatment to date was not included for this review. Currently, the Injured Worker complains of low back pain with radiation down left leg rated 7/10 VAS and pain in bilateral shoulders rated 4/10 VAS. The physical examination from 1/21/15 documented decreased lumbar spine Range of Motion (ROM), with tenderness, positive Kemp's sign and decreased sensation. The plan of care included authorizations pending for consultations with a spine surgeon and pain management and a urine toxicology screen. On 1/30/2015 Utilization Review non-certified Diclofenac DR 75mg #60, noting the documentation indicated the Diclofenac DR had not been taken in several months. The MTUS Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of Diclofenac DR 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac DR 75 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 50 year old patient complains of pain in lumbar spine, bilateral shoulder, and bilateral hips, as per progress report dated 01/14/15. The request is for DICLOFENAC DR 75 mg, SIXTY COUNT. The RFA for the case is dated 01/22/15, and the patient's date of injury is 08/18/12. The constant low back pain, rated at 7/10, radiates to left leg while the bilateral shoulder pain is rated at 4/10, as per progress report dated 01/14/15. Diagnoses included lumbar strain with disc bulge at L3-4 and L4-5, L4-5 degenerative disc disease with bilateral neural foraminal stenosis, and bilateral radiculitis. Medications included Diclofenac, Norco and Flexeril. The patient is not working, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Diclofenac was first noted in progress report dated 08/06/14. In progress report dated 09/15/14, the treater states that Diclofenac helps lower pain from 9/10 to 5/10. Subsequent progress reports do not document the use of Diclofenac or any other NSAID until progress report dated 01/14/15. In the report, the treater states that the patient wants to restart the medication as "he feels that when he was taking that, he had more range of motion and increased functionality". Given the impact of Diclofenac on pain and function in the past, the current request IS medically necessary.