

Case Number:	CM15-0040757		
Date Assigned:	03/10/2015	Date of Injury:	06/21/2007
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55-year-old male who sustained an industrial injury on 06/21/2007. Current diagnoses include severe degenerative disc disease and status post C5-C6 and C6-C7 discectomy. Previous treatments included medication management, chiropractic manipulation, and electrical stimulation, behavior modification, hot packs, physical therapy; trigger point injections, ice, acupuncture, bracing, massage therapy, and cervical spine fusion. Diagnostic studies include MRI of the cervical spine on 11/22/2014 and MRI of the lumbar spine on 11/22/2014. Report dated 11/25/2014 noted that the injured worker presented with complaints that included neck pain with radiating numbness and pain to the chest and head, and bilateral shoulder pain with pain radiating to the neck. Pain level was rated as 2 out of 10 on the visual analog scale (VAS). Physical examination was unchanged from prior visit. The treatment plan included recommendation of an MRI of the brain and physical therapy, urinalysis toxicology testing was performed, and prescriptions for diclofenac, and omeprazole were given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac Sodium 100mg #30 (DOS: 11/25/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium is used for osteoarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac sodium 100mg #30 is not medically necessary.