

Case Number:	CM15-0049012		
Date Assigned:	03/18/2015	Date of Injury:	07/09/2012
Decision Date:	04/24/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/16/2015

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 53 year old who sustained an industrial injury on 07/09/2012. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy, polyneuropathy in diabetes, lumbago, and status post lumbar fusion on 06/03/2014. Treatment to date has included medications, diagnostics, knee brace, and 12 physical therapy visits. A physician progress note dated 02/26/2015 documents the injured worker has pain in the low back and right knee pain with radiation to the right leg. The pain is constant in frequency. Her pain is rated a 10 at its worst, and as a 4 at its best with medications, on a scale of 1-10. Lumbar spine reveals range of motion to forward flexion is 20 degrees, extension is 10 degrees, and side bending is 5 degrees. Rotation is limited. There is tenderness to palpation over the right lumbar paraspinal muscles consistent with spasm. There is sciatic notch tenderness, gluteal spasm and piriformis spasm. There is positive lumbar facet loading maneuver, positive straight leg raise test on the right in the seated and supine position. Medications were reordered. Treatment requested is for Diclofenac XE 100mg #30, an anti-inflammatory to reduce pain so activity and functional restoration can resume.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XE 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

Decision rationale: This 53 year old patient has complained of low back pain since date of injury 7/9/12 and has been treated with physical therapy, lumbar spine surgery and medications to include Diclofenac for at least 4 weeks duration. 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 4 weeks 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.