

Case Number:	CM15-0049557		
Date Assigned:	03/23/2015	Date of Injury:	09/30/2001
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
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: 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 72 year old male, who sustained an industrial injury on 09/30/2001. The injured worker is currently diagnosed as having status post anterior posterior C3-C7 decompression and instrumental fusion on 11/01/2012. Treatment to date has included cervical fusion and medications. In a progress note dated 02/23/2015, the injured worker presented with no new complaints. The treating physician reported prescribing Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Pain - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) Chapter, under Diclofenac.

Decision rationale: Based on the 01/12/15 progress report provided by treating physician, the patient presents with neck pain. The patient also has problems with balance, difficulty moving tongue, speech and dry mouth. The request is for Diclofenac 75mg #60. RFA with request not provided. Patient's diagnosis per RFA dated 02/26/15 for neurological evaluation and treatment included cervical spinal stenosis, exostosis site not otherwise specified, exostosis external ear, and post surgical state not elsewhere classified. Patient's diagnosis on 01/12/15 was status post anterior-posterior C3-C7 decompression and instrumented fusion 11/01/12. Patient's medications include Lyrica and Diclofenac. Patient remains temporarily totally disabled, per treater report dated 01/12/15. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "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%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011) " Diclofenac has been dispensed per treater report dated 01/12/15. MTUS supports NSAIDs, given patient's diagnosis and continued symptoms. However, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. The request is not in accordance with guidelines. Therefore, the request is not medically necessary.