MAXIMUS Federal Services

Case Number:	CM15-0053471		
Date Assigned:	03/26/2015	Date of Injury:	07/17/2009
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male patient who sustained an industrial injury on July 17, 2009. The diagnoses include post laminectomy syndrome/failed back syndrome and right L5 radiculopathy. He sustained the injury when he picked up an ince maker. Per the doctor's note dated 12/31/2014, he had complaints of low back pain with radicular symptoms. The physical examination revealed paraspinal tenderness and spasm. The medications list includes norco, lyrica, tramadol, diclefenac, voltaren gel, zaleplon, cymbalta, pantoprazole, docusate sodium, doxazosin and buspirone. He has undergone back surgeries in 1993 and 2010 and gall bladder surgery in 2011. He has had lumbar MRI on 11/24/2014 which revealed post operative changes at L5-S1. He has had physical therapy, aqua therapy, and injections for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 75mg, #60 (fill date: 3/2/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69, 71, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Chapter: Pain (updated 04/06/15) Anti-inflammatory medications Diclofenac.

Decision rationale: Request: Diclofenac sodium 75mg, #60 (fill date: 3/2/15). Diclofenac is an NSAID. According to the cited guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient had chronic low back pain. Therefore use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "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." The response and failure of other NSAIDS is not specified in the records provided. The medical necessity of Diclofenac sodium 75mg, #60 (fill date: 3/2/15) is not fully established as a first line NSAID due to its risk profile. The request is not medically necessary.