

Case Number:	CM15-0062423		
Date Assigned:	04/08/2015	Date of Injury:	06/02/2012
Decision Date:	05/07/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/01/2015

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, Pain Management

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 40 year old male, who sustained an industrial injury on 09/18/2012 after falling approximately 14 feet and landing on his back. On provider visit dated 02/04/2015 the injured worker has reported lower back pain and right ankle pain. On examination of the lumbar spine/thoracic spine was noted to have tenderness in the paralumbar musculature and pain with range of motion. Straight leg raise was noted to be positive on the right side. Right foot was noted to have positive tenderness over lateral malleolus. The diagnoses have included lower back pain rule out radiculitis right lower extremity, rule out herniated disc lumbar spine, rule out degenerative disc disease lumbar spine and right ankle strain (improving). Treatment to date has included x-rays, MRI of lumbar spine, medication and steroid injections. The provider requested Diclofenac XR 100 mg #60 for anti-inflammatory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Diclofenac.

Decision rationale: Regarding the request for Voltaren (diclofenac), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Official Disability Guidelines state that diclofenac should be used as a 2nd line anti-inflammatory agent due to the high risk of side effects. Within the documentation available for review, does not appear that the patient has failed first-line NSAIDs before initiating treatment with diclofenac. Additionally, the documentation regarding pain relief and functional improvement is very nonspecific. In the absence of clarity regarding those issues, the currently requested Voltaren (diclofenac) is not medically necessary.