

Case Number:	CM15-0081725		
Date Assigned:	05/05/2015	Date of Injury:	03/20/2001
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 20, 2001. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for Diclofenac. The claims administrator referenced an April 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 17, 2014, the applicant reported 8/10 neck, low back, and hip pain with radiation of pain to the right leg. The applicant was using a cane to move about. The applicant was given refills of topical LidoPro, TENS unit patches, Zoloft, Prilosec, Ultracet, and topiramate. The applicant's work status was not furnished, although it did not appear that the applicant was working. On October 4, 2014, the applicant reported ongoing complaints of low back pain with derivative complaints of depression. The applicant's depression was apparently stable on Zoloft. The applicant's complete medication list was not, however, stated. On March 5, 2015, Diclofenac, omeprazole, LidoPro lotion, and acupuncture were endorsed. Little-to-no discussion of medication efficacy transpired. The applicant did not appear to be working with permanent restrictions in place. In an RFA form dated April 8, 2015, Naprosyn, Prilosec, LidoPro, and TENS unit patches were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown Prescription of Diclofenac: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for oral Diclofenac was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, the attending provider seemingly suggested on April 8, 2015 that the applicant employed two different anti-inflammatory medications, namely Diclofenac and Naprosyn, in concert, on the same date. No rationale for concurrent usage of two separate NSAIDs was furnished. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's documentation seemingly suggested that the applicant continued to report pain complaints as high as 8/10, despite ongoing Diclofenac usage, as of an office visit of April 8, 2015. The applicant likewise reported pain complaints as high as 8/10 on March 6, 2015. The applicant was described as using a cane to move about on March 6, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Diclofenac usage. Therefore, the request was not medically necessary.