

Case Number:	CM15-0083039		
Date Assigned:	05/05/2015	Date of Injury:	10/20/2000
Decision Date:	06/08/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/30/2015

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 53-year-old male, who sustained an industrial injury on 10/20/2000. The current diagnoses are lumbago and sciatica. According to the progress report dated 4/14/2015, the injured worker complains of pain in the left lumbar spine that radiates distally towards the posterior aspect of his left knee and weakness in his extremities. The pain was not rated. The physical examination of the lumbar spine reveals paraspinous and piriformis tenderness with spasm. There is loss of lumbar lordosis noted. Range of motion is restricted and painful. The current medications are Aleve, Medrol pak, Diclofenac, Flexeril, and Naprosyn. Treatment to date has included medication management, X-rays, modified duties, and physical therapy. MRI has been approved, but not scheduled. The plan of care includes prescription for Diclofenac Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 75mg quantity 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 NSAIDS Medication Page(s): 67-72.

Decision rationale: Regarding the request for 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. Within the documentation available for review, there is no indication that diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Furthermore, the patient was taking Naproxen and over the counter Alleve without documented treatment failure. In the absence of such documentation, the currently requested diclofenac is not medically necessary.