

Case Number:	CM15-0087899		
Date Assigned:	05/12/2015	Date of Injury:	09/06/2006
Decision Date:	06/12/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/07/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 56 year old male, who sustained an industrial injury on September 6, 2006. The injured worker was diagnosed as having chronic back pain, lumbar degenerative disc disease (DDD), chronic back pain, abnormal gait, lumbosacral nerve root pain, lumbago and drug induced impotence. Treatment and diagnostic studies to date have included spinal surgery with revision and medication. A progress note dated April 29, 2015 provides the injured worker complains of back pain radiating to the legs. Physical exam notes thoracic and lumbar tenderness on palpation. He ambulates with use of a cane. The plan includes lab work, rocker bottom shoes, Diclofenac, Oxycodone, analgesic cream, and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non selective NSAIDs Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac ER 100 mg #60 is not medically necessary.