

Case Number:	CM15-0089158		
Date Assigned:	05/13/2015	Date of Injury:	05/29/2013
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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: Internal 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 24 year old male who reported an industrial injury on 5/29/2013. His diagnoses, and/or impressions, are noted to include: lumbar discogenic syndrome; lumbosacral or thoracic neuritis; lumbalgia/lumbar intervertebral disc disease; and status post surgery. No current imaging studies are noted. His treatments have included medication management and modified work duties. Progress notes of 2/18/2015 and 3/16/2015 noted complaints of continued moderate-severe right knee pain, significantly improved with Diclofenac; and that he was not interested in either lumbar epidural steroid injection therapy or additional knee surgery. The injured worker stated that Diclofenac helped him increase tolerating light - moderate activity. The objective findings were noted to include positive McMurray's on the right; "TTP" "MJL" & "LJL" right knee; and "TTP" lumbar paraspinus. The physician's requests for treatments were noted to include the continuation of Diclofenac Sodium Extended Release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Diclofenac sodium ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that nonsteroidal anti-inflammatory drugs (NSAID) can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The medical records document elevated blood pressure measurements and a history of long-term NSAID use. Date of injury was 05-29-2013. Medical records document the long-term use of NSAIDS. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Per MTUS, NSAIDS are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Long-term NSAID use is not recommended by MTUS. The use of the NSAID Diclofenac is not supported by MTUS guidelines. Therefore, the request for Diclofenac is not medically necessary.