

Case Number:	CM14-0116970		
Date Assigned:	08/04/2014	Date of Injury:	12/02/2002
Decision Date:	09/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 12/02/2002. The mechanism of injury was not submitted in the report. The injured worker has diagnoses of lumbar spine radiculitis, depression/anxiety, moderate obesity, left carpal tunnel syndrome, lumbar disc bulge with stenosis, cervical radiculopathy, left knee VA times 1, and cervicogenic myofascial pain. Past medical treatment for the injured worker includes surgery, physical therapy, and medication therapy. Medications include Amitiza 24 mcg 1 tablet 2 times a day, Dexilant 60 mg daily, Ranitidine 150 mg daily, Diclofenac 75 mg, Prilosec 20 mg 2 times a day, Voltaren 75 mg 2 times a day, Neurontin 600 mg before bed, and Prozac. The injured worker underwent an MRI of the lumbar spine to rule out disc herniation and nerve root lesion. It was not documented what day it was obtained. An MRI of the left knee was obtained on 04/07/2014, and an EMG/NCV was done 04/04/2014. The injured worker is status post left shoulder arthroscopy, status post left cubital tunnel release surgery, and status post left knee surgery. The injured worker complained of low back pain that radiated to the left leg into the L5 distribution, which he rated at an 8/10. The physical examination dated 06/18/2014 revealed that the injured worker had negative Tinel's to the left knee, and positive tender medial joint line. Range of motion was full and stable. Positive for crepitus with painful standing and walking. The low back was tender at the L4-5. Positive straight leg raise on the left at 60 degrees. Sensation in the left leg was decreased. The left wrist revealed positive Tinel's and positive Phalen's. Myofascial triggers were present. Waddell's was 3/5. The injured worker also revealed a flexion of 60 degrees, extension of 15 degrees, right lateral of 15 degrees, and left lateral of 156 degrees. The treatment plan is for the injured worker to continue with the diclofenac, have assistance from a home health care provider, and have a urine toxicology screen. The rationale was not submitted for review. The Request for Authorization form was submitted on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The request for Diclofenac 75 mg # 120 is not medically necessary. The injured worker complained of low back pain that radiated to the left leg into the L5 distribution, which he rated at an 8/10. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Diclofenac is a prescription non-steroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including Myocardial Infarction, stroke, and worsening hypertension. Guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea, and diarrhea. Non-prescription medication may be sufficient for both acute and sub-acute symptoms when used in conjunction with activity modification and ice and/or heat therapy. Guidelines stipulate, NSAIDs should be used for short-term therapy, the submitted report did not submit any evidence as to when the injured worker started using diclofenac as a medication therapy. Furthermore, NSAIDs can cause or worsen gastrointestinal symptoms. The efficacy of the medication was not provided in the submitted report. Also, the duration and frequency of the medication were not provided in the request. As such, the request for Diclofenac 75 mg # 120 is not medically necessary.

Urine Toxicology screen qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for Urine Toxicology screen quantity 1 is not medically necessary. The Medical Treatment Utilization Schedule (MTUS) guidelines state using a urine drug screen to assess for the use or the presence of illegal drugs is recommended as an option. Drug screens are one of the steps used to take before a therapeutic trial of Opioids and on-going management of opioids. They are also used to differentiate dependence and addiction. The injured worker is being prescribed opioids and periodic quantitative drug screen to monitor prescription medication compliance and/or potential substance abuse, which is guideline supported. However, the medical necessity for quarterly urine drug screening in the injured worker was not documented. The frequency of urine drug screen exceeds the recommendation of current evidence-based guidelines. Guidelines also state that patients at low risk of addiction, or aberrant behavior, should be tested within 6 months of initiation of therapy and on a yearly

basis thereafter. There was no reason to perform confirmatory testing unless a test was inappropriate or there were unexpected results. If required, confirmatory testing should be for the questioned drugs only. As such, the request for Urine Toxicology screen quantity 1 is not medically necessary.