

Case Number:	CM14-0121205		
Date Assigned:	09/16/2014	Date of Injury:	04/18/2007
Decision Date:	10/21/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 44-year-old female who was reportedly injured on 04/18/2007. The injured worker is status post L5-S1 anterior posterior fusion on 01/22/2010 and microscopic left T7-8 hemilaminectomy, medial facetectomy, foraminotomy and microdiscectomy on 06/19/2012. The injured worker is most recently status post hardware removal on 05/30/2014. The injured worker has constant lower back pain that increases with prolonged sitting, standing and walking. There is radiation of pain to bilateral lower extremities. It is noted that the injured worker has significant abnormalities in the cervical spine on imaging which has resulted in ongoing pain and headache that are migraines in nature. Prior utilization review denied a request for diclofenac 100mg, #120 and was on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 100mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (Voltaren). Decision based on Non-MTUS Citation Official Disability Guidelines 2014, Pain chapter / Diclofenac sodium

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73 of 127. Decision based on Non-MTUS Citation Diclofenac sodium (Voltaren, Voltaren-XR)

Decision rationale: Per guidelines, Diclofenac is not recommended as first line treatment due to increased risk profile. According to the CA MTUS guidelines, "NSAIDs" are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of NSAIDs is not recommended, as there is no evidence of long term effectiveness for pain or function. In this case, it is not clear how long the injured worker has been taking this medication. There is little to no documentation of any significant improvement in pain level or function with its continuous use. In the absence of objective functional improvement, the medical necessity for Diclofenac has not been established.