

Case Number:	CM14-0133205		
Date Assigned:	08/22/2014	Date of Injury:	01/08/2002
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 & Rehabilitation, Pain Medicine 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 40 year-old male who reported a work related injury on 01/08/2002. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar radiculopathy and multilevel herniated nucleus pulposus of the lumbar spine at L4-5 and L5-S1 with moderate to severe stenosis. The past treatment has included physical therapy, chiropractic care, epidural steroid injections, and medication. An MRI dated 06/12/2012 of the lumbar spine revealed multi-level degenerative disc disease and facet arthroplasty, canal stenosis, and neural foraminal narrowing. An electrodiagnostic study dated 06/12/2012 revealed evidence of right S1 radiculopathy. The surgical history consisted of an intradiscal electrothermal annuloplasty. Upon examination on 07/18/2014 the injured worker complained of aching and stabbing low back pain. He rated his pain as a 4/10 on a VAS pain scale with mild cramping over the posterior aspect of the right calf. He also stated he had numbness in the 5th digit of the right foot that extended into his right calf. The injured worker had tenderness to palpation and limited range of motion to the lumbar spine with spasms into the right side. He was noted to have decreased sensation to the L4-5 and S1 dermatomes on the right. Motor strength on the right was noted to be 4+/5 in the quadriceps, extensor hallucis longus muscle, and tibialis anterior and 5-/5 in the hamstrings. The straight leg raise caused pain to the thigh at 60 degrees. The medications consisted of Diclofenac sodium ER, Hydrocodone, and Omeprazole. The treatment plan consisted of Diclofenac Sodium ER 100 mg#180. The rationale was not provided. The request for authorization form was submitted for review on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100 mg#180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines;NSAID's (non-steroidal. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac

Decision rationale: The request for Diclofenac Sodium ER 100 mg#180 is not medically necessary. The California MTUS Guidelines state that Diclofenac and other NSAIDs are recommended at the lowest dose for the shortest period of time in individuals with moderate to severe osteoarthritis pain. The injured worker was not noted to have a diagnosis of osteoarthritis. Additionally, the Official Disability Guidelines state Diclofenac is not recommended as a first-line medication or for prolonged use due to its increased risk profile. The documentation submitted for review failed to indicate that the injured worker had failed first-line medications including other NSAIDs prior to use of this medication. Also, the injured worker was noted to have been taking Diclofenac ER since at least 04/11/2013. In the absence of documentation of the failure of first-line medications and as this medication is not recommended for long-term use, the request is not supported. As such, the request for Diclofenac Sodium ER 100 mg#180 is not medically necessary.