

Case Number:	CM14-0142633		
Date Assigned:	09/10/2014	Date of Injury:	06/07/2010
Decision Date:	10/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational 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:

This patient is a 58 year-old male with date of injury 06/07/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014, lists subjective complaints as low back pain with radicular symptoms down both legs. Objective findings: Examination of the lumbar spine revealed palpable paravertebral muscle tenderness and spasm. Seated nerve root test was positive. Range of motion was restricted in all planes. Sensory exam revealed tingling and numbness in the lateral thighs, anterolateral and posterior leg as well as foot, and L5 and S1 dermatomal patterns. Diagnosis: 1. Lumbago 2. Lumbosacral radiculopathy. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medications: 1. Diclofenac Sodium ER 100mg, #120 SIG: once a day with food as needed for pain

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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Therefore this request is not medically necessary.