

Case Number:	CM14-0218860		
Date Assigned:	01/08/2015	Date of Injury:	01/18/2010
Decision Date:	03/12/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who reported an injury on 01/18/2010. The mechanism of injury was not provided within the documentation submitted for review. His diagnoses included radiculitis of the right lower extremity and right L4 neuritis. His past treatments have included medications and 15 previously completed physical therapy visits for the lumbar spine. His past surgical history includes a lumbar spine microdiscectomy on an unknown date. The patient presented on 11/18/2014 with complaints of increasing low back pain and increasing numbness and tingling down the right lower extremity to the L5 nerve root distribution. Additionally, the injured worker has pain with flexion of the spine. Upon physical examination of the lumbar spine, positive tenderness in the paralumbar musculature was noted. The injured worker was positive for muscle spasm in the paralumbar musculature. Motor testing was 5/5 to all motor groups in the lower extremities. The injured worker was able to walk on tip toes without difficulty and walk on his heels without difficulty as well. Deep tendon reflexes were 2+ to the right knee, 2+ to the left knee, 2+ to the right ankle, and 2+ to the left ankle. Range of motion to the lumbar spine upon forward flexion was at 60 degrees, forward flexion was at 30 degrees with pain, 30 degrees upon extension, 10 degrees upon extension with pain, lateral tilt was at 30 degrees, right lateral tilt was at 30 degrees, left lateral tilt was at 30 degrees, rotation was at 30 degrees, right rotation was at 30 degrees, left rotation was at 30 degrees. The injured worker was noted to have a positive bilateral straight leg raise test and diminished sensation in the L5 nerve root distribution. His current medication regimen included diclofenac XR 100 mg and Wellbutrin 150 mg. The treatment plan included repeat x-rays and MRIs of the lumbar

spine, Request for Authorization for repeat lumbar spine surgery with decompression and fusion, and a followup in 1 month. The rationale for the request was for the treatment of inflammation. A Request for Authorization form dated 12/01/2014 was provided within the documentation submitted for review. The injured worker is a 41 year old male with a date of injury of January 18, 2010. Results of the injury include low back pain. Diagnosis include low back pain and status post lumbar spine surgery. Treatment has included surgery, diclofenac, and wellbutrin. Magnetic Resonance Imaging (MRI) scan of the lumbar spine dated September 27, 2013 revealed right paracentral disc extrusion superimposed upon a disc bulge at L4-L5 which severely narrows the right lateral recess and right neural foramen likely affecting both the transversing right L5 and existing nerve root. Progress report dated November 18, 2014 showed positive tenderness in the paralumbar musculature with positive straight leg raise. Work status showed noted semi sedentary work. The treatment plan included medical imaging, repeat lumbar surgery, Diclofenac, and wellbutrin. Utilization review form dated December 9, 2014 non certified Diclofenac XR 100 mg # 60 due to noncompliance with MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Diclofenac XR 100mg, #60 is not medically necessary. The injured worker has low back pain. California MTUS Treatment Guidelines state that nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Additionally, the guidelines state that acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Furthermore, the guidelines state in regard to back pain that NSAIDs are recommended as a second line treatment after acetaminophen. The documentation submitted for review failed to provide evidence that the injured worker tried and failed acetaminophen initially for the acute exacerbation of his chronic low back pain. In the absence of the aforementioned documentation, the request as submitted does not support the evidence based guidelines. As such, the request for Diclofenac XR 100mg, #60 is not medically necessary.