

Case Number:	CM15-0016591		
Date Assigned:	02/04/2015	Date of Injury:	02/10/1992
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Internal Medicine

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 58 year old male, who sustained an industrial injury on February 10, 1992. He has reported neck pain, lower back pain radiating to the right leg, and numbness of both legs. The diagnoses have included lumbago, cervical spine degenerative disc disease, lumbar spine degenerative disc disease, lumbar radiculopathy, cervical spine stenosis and lumbar spine stenosis. Treatment to date has included medications, bracing, injections, multiple back and foot surgeries, and imaging studies. A progress note dated December 19, 2014 indicates a chief complaint of continued neck pain, lower back pain radiating to the right leg, and numbness of both legs. Physical examination showed tenderness and spasm of the lumbar spine, and stiffness with range of motion. The treating physician requested prescriptions for Baclofen, Morphine sulfate, Norco, and Diclofenac. On December 31, 2014 Utilization Review certified the request for Baclofen, Morphine sulfate, and Norco. Utilization Review denied the request for Diclofenac citing the MTUS chronic pain medical treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document the patient has a ventricular defibrillator and elevated blood pressure. Motrin, Toradol, and anti-inflammatory medications cause anaphylactic reactions. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. Given the patient's cardiovascular history and anaphylactic reactions with NSAIDs, the request for the NSAID Diclofenac is not supported. Therefore, the request for Diclofenac is not medically necessary.