

Case Number:	CM15-0017541		
Date Assigned:	02/05/2015	Date of Injury:	06/04/2012
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old male, who sustained an industrial injury on 6/4/12. He has reported back pain. The diagnoses have included Lumbosacral strain with radiculopathy and contusion of knee. Treatment to date has included oral medications, physical therapy, pain psychology, left L5-S1 lumbar fusion and home exercise program. (MRI) magnetic resonance imaging of LS spine was performed on 9/6/12, which revealed Grade 2 anterolisthesis of L5 on S1 secondary to bilateral pars defects at L5, L5-S1 moderate severe bilateral neural foraminal narrowing with likely impingement of the bilateral exiting L5 nerve roots and degenerative changes. Currently, the injured worker complains of chronic, bilateral low back pain. On 12/23/14 weakness of left lower extremity is noted with numbness and tingling, he also states he has difficulty sleeping. On 1/7/15 Utilization Review submitted a modified certification for Diclofenac Sodium 75mg #60 with 4 refills modified to #60 with no refills, noting the injured worker has been using this medication since 10/14 with 40% document improvement in pain relief, it is recommended for the shortest duration consistent with the injured worker's treatment goals. The MTUS, ACOEM Guidelines, was cited. On 1/29/15, the injured worker submitted an application for IMR for review of Diclofenac Sodium 75mg #60 with 4 refills modified to #60 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Diclofenac Sodium 75mg #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches. It is not used to treat a cluster headache. It is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches. Diclofenac is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. The patient has been using this medication since October 2014, with only a reported 40% improvement in pain relief. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Diclofenac Sodium 75mg #60, with 4 refills is not medically necessary.