

Case Number:	CM15-0110356		
Date Assigned:	06/16/2015	Date of Injury:	07/01/2013
Decision Date:	07/15/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 was a 37 year old male, who sustained an industrial injury, July 1, 2013. The injured worker previously received the following treatments Norco, heat treatments, home exercise program and physical therapy. The injured worker was diagnosed with status post Gil laminectomy PLIF L5-S1, lumbar spondylosis, lumbar radiculopathy, post laminectomy syndrome of the lumbar region and thoracic bursitis. According to progress note of April 14, 2015, the injured workers chief complaint was pain in the right side from the back to the buttocks that never goes away. The pain was made worse by activity. The injured worker took Norco to control the pain. The injured worker had surgery August 4 2014 and has had pain ever since and was increasing. The pain was aching, pins and needles and pressure. The pain was rated at 7 out of 10. The injured worker was experiencing referred or radiating pain, numbness and tingling. The aggravating factors were bending over, climbing stairs, driving, jumping, lying down, sitting, squatting, standing, straining, throwing, twisting, walking and weight training. Relieving factors were applying heat, lying on effected side, changing or adjusting positions of the head neck and back, massaging the affected areas and stopping whatever activity aggravated the lower back pain. The physical exam noted tenderness off midline only on the right in the paraspinous muscles. The tenderness off the midline only on the right was moderate. There was some hip and buttocks pain with internal and external rotation. The motor examination of the upper and lower extremities was normal. The treatment plan included Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 50mg #60, Refill: 2: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in July 2013 and underwent a lumbar fusion in August 2014. When seen, he was having right lower extremity symptoms. Pain was rated at 7/10. There was lumbar paraspinal muscle tenderness and a mildly antalgic gait. There was right-sided sacral tenderness and pain with right hip internal and external rotation. A trochanteric bursa injection was performed. Diclofenac was prescribed. Norco was also being prescribed. Oral NSAIDs (no steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of diclofenac is up to 150 mg per day. In this case, the requested dosing is within guideline recommendations and medically necessary.