

Case Number:	CM15-0111591		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2013
Decision Date:	07/22/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 24-year-old male patient, who sustained an industrial injury on May 29, 2013. The mechanism of injury was a forklift accident. The diagnoses have included chronic discogenic low back pain with right lumbar radiculopathy, annular disc injury of the lumbar spine, thoracic spine sprain/strain, sacroiliac joint dislocation/subluxation and knee sprain/strain. Patient was presented for sleep screening on 5/28/2015. Physician discussed about adding Lunesta for the insomnia. Per the note dated 6/11/15, patient was at MMI. Per the doctor's note dated May 20, 2015 he had complaints of low back pain and bilateral knee and left ankle pain; sleep disturbances. The right knee pain was rated a four out of ten on the visual analogue scale with medications. The physical examination revealed the right knee- tenderness and a decreased and painful range of motion; Lumbar spine- tenderness to palpation and a decreased lordosis; the bilateral knees- tenderness on the lateral and medial sides of the knee with pain and crepitation on palpation of the popliteal region. The medications list includes diclofenac and omeprazole. He has right knee surgery in 2013. He has had right knee MRI which revealed possible new tear to the anterior horn of the lateral meniscus. The patient declined further surgery or injections. The treating physician's plan of care included requests for Diclofenac Sodium ER 100 mg # 60 and a sleep screening #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Anti-inflammatory medications Diclofenac.

Decision rationale: Diclofenac is an NSAID. According to the cited guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " Patient had chronic low back pain, knee pain and left ankle pain. Therefore, use of NSAIDs is medically appropriate. However, per the cited guidelines, "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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. " The response and failure of other NSAIDs is not specified in the records provided. The medical necessity of Diclofenac Sodium ER 100mg #60 is not fully established as a first line NSAID due to its risk profile. Therefore, this request is not medically necessary.

Sleep screening: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Polysomnography. (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Polysomnography.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Sleep screening includes taking a detailed history of insomnia; counseling the patient about what to do and what not to do to help her sleep better. It is a service that was provided by the doctor in the office. Providing such counseling about sleep history and hygiene is medically appropriate and necessary. The request of sleep screening is medically appropriate and necessary for this patient.