MAXIMUS Federal Services

Case Number:	CM15-0127286		
Date Assigned:	07/13/2015	Date of Injury:	04/03/2013
Decision Date:	08/07/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/01/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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(n) 50 year old male, who sustained an industrial injury on 4/3/13. He reported pain in his head, neck, lower back and shoulders after a slip and fall on a concrete floor. The injured worker was diagnosed as having cervical spondylosis and strain, lumbar spondylosis and strain, right shoulder rotator cuff injury, bilateral median neuropathy and myofascial pain syndrome. Treatment to date has included lumbar x-rays on 5/18/15 showing mild degenerative disc disease at L3-L4 and L4-L5, an EMG/NCS study showing left S1 radiculopathy. As of the PR2 dated 5/18/15, the injured worker reports ongoing low back pain with left sciatica pain. Objective findings include a positive straight leg raise test on the left at 50 degrees and an antalgic gait favoring the left lower extremity. The treating physician requested Diclofenac 75mg #50 x 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg bid daily #50 refills 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67, 68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Diclofenac 75mg bid daily #50 refills 4 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Diclofenac is not recommended as first line due to increased risk profile and per a large systematic review of available evidence on NSAIDs confirms that diclofenac, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The MTUS guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Diclofenac is not medically necessary as the request is for 4 refills and long term use of NSAIDS are not in accordance with the MTUS Guidelines. Furthermore, the guidelines recommend against Diclofenac use due to increased risk profile. For these reasons, the request for Diclofenac is not medically necessary.