

Case Number:	CM15-0171942		
Date Assigned:	09/14/2015	Date of Injury:	10/23/2009
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/01/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 is a 45 year old female who sustained an industrial injury on 10-23-2009. Diagnoses include cervical spondylosis with multilevel posterior disc osteophyte complexes and uncovertebral phytosis, low back and bilateral lower extremity pain and weakness, lumbar spine sprain-strain status post L4-L5 and L5-S1 revision lumbar fusion on 06-08-2012, bilateral knee sprain-strain with internal derangement, paroxysmal neuropathic pain with muscle spasms and dystonia, possible inflammatory-immune response, and depression of industrial causation. A physician progress note dated 08-18-2015 documents the injured worker complains of an exacerbation of neck pain. She takes Ibuprofen with no relief. She has severe spasms with decreased range of motion, along with headaches. She has discontinued Celexa due to side effects. In addition she has low back pain with spasms, and left lower extremity pain with numbness and tingling. Her left upper extremity has involuntary shaking and weakness. She takes Norco for moderate to severe pain. She reports he pain as 6-7 out of 10 with medications and 9-10 out of 10 without medications. Current medications include Norco for moderated to severe pain, and Ibuprofen. In addition she takes Baclofen, Lunesta and Xanax. She has previously failed Lyrica, Gabapentin, Cymbalta and Amitriptyline due to adverse side effects. Medications allow her to continue to participate in her ADL. Treatment to date has included diagnostic studies, medications, physical therapy, trial of an H-Wave unit, aquatic therapy, status post revision of lumbar fusion from L4 thorough S1, failed nerve root blocks due to adverse reactions from steroids, and psychotherapy. A urine drug screen done on 06-18-2015 was consistent with current medications. The treatment plan includes a trial of Dilaudid for severe pain not relieved with Norco, and she was given a Toradol injection for the exacerbation of symptoms, and she is to continue with Norco. On 08-28-2015 the Utilization Review non- certified the request for Diclofenac 75mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." Per progress report dated 8/18/15 it was noted that the injured worker utilized ibuprofen 2400mg a day for two weeks without improvement. It is noted that the injured worker has acute inflammation and exacerbation of pain. I respectfully disagree with the UR physician's assertion that first line treatment was not failed. The request is medically necessary.