

Case Number:	CM15-0026283		
Date Assigned:	02/18/2015	Date of Injury:	02/10/2013
Decision Date:	04/02/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/11/2015

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 23-year-old male, who sustained an industrial injury on 2/10/2013. The diagnoses have included lumbar strain/sprain. Treatment to date has included conservative measures. Currently, the injured worker complains of low back pain with radiation to the left lower extremity. He noted numbness in his left leg when sitting more than 20 minutes. Pain was rated 6/10 with medication use and 9/10 without medication use. He utilized Norco for severe pain and utilized Diclofenac for anti-inflammatory effect. Exam of the lumbar spine noted bilateral lumbar paraspinal tenderness L3-S1, with mild spasms. Flexion was 40 degrees, extension 15 degrees, and bilateral lateral bending 15 degrees. The PR2 report referenced magnetic resonance imaging for 4/11/2013 as showing L4-5 disc bulge, L5-S1 disc bulge with compromise of exiting nerve roots bilaterally. The drug screen was documented as consistent with his use of medications on an as needed basis. On 1/22/2015, Utilization Review non-certified a request for Diclofenac 75mg #30, noting the lack of compliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 75mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Diclofenac is a nonsteroidal 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. There is no documentation that the shortest and the lowest dose of Diclofenac was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Diclofenac 75mg #30 is not medically necessary.