

Case Number:	CM15-0072251		
Date Assigned:	04/22/2015	Date of Injury:	11/01/2006
Decision Date:	05/20/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/15/2015

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 is a 54 year old male, who sustained an industrial injury on 11/01/2006. He reported acute onset of pain in the right lower extremity that radiated up through the spine and into the right shoulder while climbing a ladder up to a second story and carrying approximately 100-pound tool. Diagnoses include lumbar strain, disc extrusion with spondylolisthesis, and radiating symptoms to bilateral lower extremities. Treatments to date include NSAID, physical therapy, acupuncture treatment, home exercise, and H-Wave unit for home use, and epidural steroid injections. Currently, he complained of moderate to severe low back pain. There was also continued pain in the ankle and foot. On 3/17/15, the physical examination documented tenderness in paralumbar musculature, muscle spasms, diminished sensation in right L4-5 dermatome, and decreased range of motion. The plan of care included continuation of medication therapy and physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren), Non-steroidal anti-inflammatory drugs.

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

Decision rationale: The claimant has a remote history of a work injury occurring nearly 10 years ago. He continues to be treated for radiating low back pain. Prior treatments have included physical therapy. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of Diclofenac XR is 100 mg PO once daily for chronic maintenance and the dose should not exceed 150 mg. In this case, although the requesting provider indicates that the medication is being taken once per day, being requested is a quantity consistent with twice daily dosing. The claimant is being seen on a monthly basis and this quantity continues to be prescribed. Therefore, since the requested amount exceeds the guideline recommendation, it cannot be considered as medically necessary.

18 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring nearly 10 years ago. He continues to be treated for radiating low back pain. Prior treatments have included physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.