

<b>Case Number:</b>	CM13-0015634		
<b>Date Assigned:</b>	10/09/2013	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease and is licensed to practice in California. 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 physician 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/services. He/She is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 41-year-old male who reported an injury on 01/08/2002. The mechanism of injury was not provided for review. The patient's most recent clinical exam findings included low back pain rated at a 6/10. There were no recent clinical exam findings to support the patient's pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60.

**Decision rationale:** The request for Diclofenac Sodium ER 100 #60 is not medically necessary or appropriate. There were no clinical exam findings to support the patient's pain complaints. California Medical Treatment Utilization Schedule states that continued use of medications in the management of a patient's chronic pain be supported by evidence of pain relief and increased functional benefit. The clinical documentation submitted for review did not objectively address pain relief or functional benefit as a result of this medication. Therefore, continuation would not

be supported. As such, Diclofenac Sodium ER 100 #60 is not medically necessary or appropriate.