

<b>Case Number:</b>	CM13-0033148		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/03/2001
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/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 44-year-old female who reported an injury on 12/3/01. The mechanism of injury was not provided. The patient's medication history included Diclofenac sodium, Oxycontin, and Kadian since January 2013. The patient's average pain without medications is 10/10 and with medications is 4-5/10. It was indicated that the medications were keeping the patient functional allowing for increased mobility and tolerance of activities of daily living and home exercises. No side effects were noted to be associated with the medications; however, the patient was noting constipation and over-the-counter remedies were not successful. The patient's diagnoses were noted to include mechanical comp nervous system device implant and graft, tendinitis in the left hand and right wrist, history of bilateral carpal tunnel release, cervical radiculopathy and degeneration of cervical intervertebral disc. The request was made for renewal of medications. The patient was noted to be CURES appropriate and the patient scored a one on the opioid risk tool. The patient was noted to be monitored with urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC SODIUM CR 100 MG XR24H-TAB (DICLOFENAC SODIUM) 1 BY MOUTH A MAXIMUM OF ONE PER DAY AS NEEDED INFLAMMATION COUNT #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 NSAIDS  
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**Decision rationale:** The California MTUS guidelines indicate that NSAIDs are recommended for short term symptomatic relief. There should be documentation of an objective functional improvement and objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had an objective decrease in the VAS score. However, there was lack of documentation of an objective functional benefit. The patient had been on the medication since January 2013. Given the above, the request is not medically necessary.