

<b>Case Number:</b>	CM13-0044705		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 58 year old female who sustained an injury on 04/13/13 due to a slip and fall injuring her head, right side of the neck, and low back. The injured worker reported ongoing complaints of pain in the right side of the neck and low back with associated headaches. The injured worker felt that her low back pain was severe and described radiating symptoms in the lower extremities. The injured worker was prescribed physical therapy and MRI studies of the cervical and lumbar spine noted degenerative changes primarily at C5-6 and at L3-4. Initial anti-inflammatories were utilized after the injury; however, no specific type was documented. The patient was also recommended for chiropractic therapy. The clinical report on 08/21/13 noted continuing complaints of both neck and low back pain with associated spasms. Physical examination noted dysmetria in the cervical region. No clear neurological deficits were noted. Medications were refilled at this visit which included Ultram and Diclofenac. It is noted that the injured worker initially failed a trial of anti-inflammatories. Follow up on 09/27/13 noted continued complaints of neck and low back pain. The injured worker reported benefit from the use of chiropractic therapy and traction. Physical examination continued to note guarding and spasms in the neck and low back. Range of motion was restricted. The injured worker was recommended to continue with chiropractic therapy. The requested Diclofenac 100mg, quantity 30 prescribed 08/21/13 was denied by utilization review on 10/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 30 Diclofenac Sodium 100 mg (DOS 8/21/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** In regards to the request for Diclofenac 100mg, quantity 30, this reviewer would not have recommended this medication as medically necessary. Diclofenac is an anti-inflammatory that can be utilized as an option for chronic low back pain as well as osteoarthritis. There is limited evidence establishing that prescription anti-inflammatories are more effective than other over the counter analgesics such as Tylenol. In this case, there was no evidence to support that the injured worker had any exacerbation of symptoms that would have warranted continuing use of a prescription anti-inflammatory versus over the counter medications. The clinical documentation also indicated the injured worker had no response to previous use of anti-inflammatories. Therefore, it is unclear why anti-inflammatories continued to be prescribed to the injured worker. Given the lack of any indication to continue anti-inflammatories per guideline recommendations, this reviewer would not have recommended this request as medically necessary.