

<b>Case Number:</b>	CM14-0019959		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine & Rehabilitation 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 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 47-year-old male who reported an injury on 06/24/2008. The mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 11/08/2013, it was revealed in the neurological evaluation that the injured worker improved after 1 epidural injection with sensory intact and symmetrical throughout the bilateral lower extremities. It was also noted that the injured worker had deep tendon reflexes intact at the bilateral patellar and Achilles tendons with motor strength rated 5/5 throughout the lower extremities. The diagnoses of the injured worker included reflex sympathetic dystrophy of the right lower extremity, lumbar disc bulges, lumbar spine radiculopathy, lumbar facet joint pain, sacroiliac joint, healed right fibula fracture, and depression. The request for authorization was not provided within the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC XR 100MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for DICLOFENAC XR 100MG #30 is not medically necessary. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Diclofenac is further recommended as a second line medication and the submitted documentation did not show that there was a failure of first line NSAIDs utilized. Additionally, the submitted documentation did not provide a quantifiable pain assessment to show that the medication was effective and there was no documentation to show objective functional gains from utilization of the medication. Without a documentation of a quantifiable pain that is helped by the medication and a documentation of objective functional gains while utilizing the medication, the request cannot be supported at this time by the Guidelines. As such, the request is not medically necessary.