

<b>Case Number:</b>	CM14-0134566		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 68-year-old male patient who sustained an industrial injury on 10/01/2009. Mechanism of injury was cumulative trauma from repetitive duties and heavy work as a result of 40 years of working for [REDACTED]. Diagnoses include herniated disc lumbar spine, radiculitis, chronic low back pain, and bilateral plantar fasciitis. Orthopedic evaluation dated 06/27/14 reveals the patient presented with complaints of low back pain and bilateral heel pain. He reports he is unable to stand more than 10-15 minutes without significant pain and sick greater than 10-15 minutes without significant pain. He has low back pain radiating to the left lower extremity secondary to a 5 mm extruded disc on the left side at L5-S1 with radiculopathy to the left lower extremity, as well as bilateral plantar fasciitis. He reports his back pain is not improving. Physical examination revealed gait and posture are within normal limits, although unable to sit greater than a few minutes at a time without pain. Lumbar range of motion was normal, reflexes were +2 bilaterally throughout the lower extremities, heel and toe walking was performed without difficulty, motor testing was 5/5 to all muscle groups of the lower extremities, spasm was negative, and tenderness was negative. There was diminished sensation in the L4 and L5 nerve root distributions in the bilateral lower extremities. Bilateral feet revealed positive tenderness over the plantar fascia, normal range of motion, full strength, and diminished sensation as described above. Recommendations were for a repeat MRI of the lumbar spine, electrodiagnostic testing of the bilateral lower extremities for radicular complaints, start physical therapy, referral for pain management consultation for possible therapeutic injections, referral for podiatry consultation for bilateral plantar fasciitis. It was noted at this point the patient has failed conservative options including injections, medications and therapy and a 1 month home-based TENS trial was being considered. The patient was prescribed and dispensed Diclofenac XR 1 tablet daily for anti-inflammatory, omeprazole 20 mg daily for prophylaxis for chronic NSAID

use, tramadol ER 1 tablet daily for pain relief. Progress note dated 07/11/14 indicates the patient reported continued pain level of 8-9/10. Electrodiagnostic study and nerve conduction study performed on 07/21/14 revealed evidence of right S1 radiculopathy and right L5 radiculopathy. A request for Diclofenac XR tablets 100 mg one tablet by mouth #60 was non-certified a utilization review on 08/01/14 with the reviewing physician noting that Diclofenac is not a first-line pain medication. The patient was seen on 06/14 on no medications and there is no indication of prior NSAIDs or opiates wherever tried to support the need for Diclofenac.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diclofenac XR tablets 100mg one by mouth every day #60 for the low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diflofenac Sodium (Voltaren, Voltaren-XR, generic available)..

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

**Decision rationale:** The CA MTUS Guidelines indicate NSAIDs should be used at the lowest dose possible for the shortest duration possible for moderate to severe pain. In this case, there is no documentation of failure of first-line over-the-counter nonsteroidal anti-inflammatories or acetaminophen to support the medical necessity of Diclofenac XR tablets. Additionally, documentation does not identify significant pain relief or functional benefit as a result of Diclofenac use. This medication was initially prescribed on 06/27/14, and on 07/21/14 the patient reported a pain level of 8-9/10. This would suggest a lack of efficacy. There is no discussion of any functional benefit as a result of this medication. It is further noted that the patient is prescribed this medication once daily, but was prescribed #60, and a 2-month supply for a trial would not be supported. Given the lack of documented failure of first-line anti-inflammatories as well as no evidence of pain relief or functional benefit with use, be requested Diclofenac XR tablets 100 mg one tablet by mouth #60 is not medically necessary and is non-certified.