

<b>Case Number:</b>	CM14-0137476		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 58-year-old female with a 11/18/10 date of injury. At the time (8/7/14) of request for authorization for Diclofenac Sodium ER 100mg, qty 120, there is documentation of subjective (cervical spine pain with chronic headaches, and pain between the shoulder blades) and objective (tenderness over the cervical paravertebral muscles and upper trapezius muscle spasms, axial loading was noted on the compression test, and Spurling's maneuver remains positive) finding, current diagnoses (Cervicalgia, Lumbago, Carpal Tunnel Syndrome, shoulder impingement, and internal derangement of bilateral knees), and treatment to date (medications (including ongoing treatment of Orphenadrone Citrate ER, Tramadol Hydrochloride ER, Methoderm Gel, and Terocin Patch)). There is no documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium ER 100mg, qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pian Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of Cervicalgia, Lumbago, Carpal Tunnel Syndrome, shoulder impingement, and internal derangement of bilateral knees. In addition, there is documentation that Diclofenac is not used as first line therapy. However, despite documentation of a diagnosis of internal derangement of the knees, there is no (clear) documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac Sodium ER 100mg, qty 120 is not medically necessary.