

<b>Case Number:</b>	CM14-0164591		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Family 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

### 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 62-year-old woman who was injured at work on 5/28/2013. The injury was primarily to her back. She is requesting review of denial for Diclofenac XR tablets 100 mg #60. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports (PR-2s). Her chronic diagnoses include: Lumbar Strain; Lumbar Radiculitis; and Chronic Intractable Low Back Pain. She underwent a CT scan of her Lumbar Spine which was remarkable for mild degenerative changes which were not felt to be amenable to surgical intervention. Her treatment recommendations have included use of Diclofenac XR 100mg, Omeprazole 20mg, and Tramadol ER 150mg for "chronic pain relief."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR tablets 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs for chronic pain. In this case the records suggest that Diclofenac XR is being prescribed for chronic low back pain. As stated in the guidelines, NSAIDs are recommended as

an option for short-term relief. The guidelines also indicate that the maximum recommended dose is 150mg/day. It is unclear whether the dose of Diclofenac XR exceeds the maximum recommended dose. In summary, the MTUS guidelines do not support the long-term use of Diclofenac XR for the treatment of chronic low back pain. The requested Diclofenac XR is not considered medically necessary.