

<b>Case Number:</b>	CM14-0026850		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 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 patient is a 31 year old female with an injury date of 05/21/12. Based on the 02/18/14 progress report provided by [REDACTED], the patient complains of low back pain which radiates down the back of her right leg to her heel and sometimes her foot. The patient's diagnoses include the following: Low back pain; Radiculopathy; Degenerative disc disease; Myalgia; Neuropathy, peripheral. The utilization review determination being challenged is dated on 02/26/14. The rationale is that there is no documentation of medical necessity to justify the long-term administration of NSAID medications. [REDACTED] is the requesting provider and provided treatment reports from 08/20/13- 05/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC:** Overturned

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Medications for chronic pain pages 60, 61.

**Decision rationale:** The MTUS Chronic Pain Guidelines page 60 and 61 state "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The treater has asked for a trial of Diclofenac to address the patient's persistent pain and spasms and MTUS supports oral NSAIDs for chronic low back pain. The request is medically necessary and appropriate.