

<b>Case Number:</b>	CM14-0031928		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/26/2000
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Medicine and is licensed to practice in Florida. 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 58-year-old male who reported injury on 02/26/2000. The mechanism of injury is unknown. The injured worker complained of ongoing chronic, severe low back pain. He also complained of neck, shoulder and arm pain bilaterally. The injured worker stated that the average pain on a scale was 9 out of 10 without medication and 7 out of 10 with medication. The injured worker is postoperative lumbar laminectomy. The date of surgery was not submitted in the report. Physical examination dated 01/28/2014 of the cervical spine revealed a forward flexion of 40 degrees, right lateral flexion of 35 degrees, left lateral flexion of 35 degrees, hyperextension of 60 degrees, right lateral rotation of 55 degrees and a left lateral rotation of 55 degrees. Spurling's maneuver of the left was negative. Hoffman's sign of the right was also negative. Examination of the lumbosacral spine revealed a forward flexion of 40 degrees, hyperextension of 10 degrees, right lateral bend of 15 degrees and left lateral bend of 15 degrees. Sitting straight leg raise of the right side was positive and left side was positive. Motor strength exam revealed there was a decrease in the left upper extremity, decrease in the left lower extremity and decrease in the right lower extremity. Deep tendon reflexes in the upper and lower extremities were decreased but equal. Clonus was absent. Pulses in the upper and lower extremities were normal. Diagnostics include a drug screen that was dated 12/31/2013. The injured worker has diagnoses of post laminectomy syndrome of the lumbar region, other chronic pain and lumbago. Past medical treatment includes home exercise program, moist heat, stretches, physical therapy, and medication therapy. Medications includes; Diclofenac Sodium CR 100 mg, Gabapentin 600mg, Oxycodone. There was no duration, frequency and dosage submitted in report. The current treatment plan is to continue the Diclofenac Sodium CR 100mg. The rationale was not submitted for review. The Request for Authorization form was submitted on 02/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium CR 100mg XR #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2008.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

**Decision rationale:** The injured worker complained of ongoing chronic, severe low back pain. He also complained of neck, shoulder and arm pain bilaterally. The injured worker stated that the average pain on a scale was 9 out of 10 without medication and 7 out of 10 with medication. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that Diclofenac is a prescription non-steroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including Myocardial Infarction, stroke, and worsening hypertension. Guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea and diarrhea. Non-prescription medication may be sufficient for both acute and sub-acute symptoms when used in conjunction with activity modification and ice and/or heat therapy. As the guidelines stipulate that NSAIDS should be used for short term therapy, the submitted report did not submit any evidence as to when the injured worker started using Diclofenac as a medication therapy. Furthermore, NSAIDS can cause or worsen gastrointestinal symptoms. The efficacy of the medication was not provided in the submitted report. Also, the duration and the frequency of the medication were not provided in the request as submitted. As such, the request for the Diclofenac sodium CR 100 mg XR is not medically necessary.