

<b>Case Number:</b>	CM14-0059438		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/26/2000
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational 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:

Patient is a 58 year-old male with date of injury 02/26/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/25/2014, lists subjective complaints as low back pain. Objective findings: Examination of the lumbar spine revealed decreased range of motion in all planes with pain. Tenderness to palpation of the paraspinal musculature with weakness. Straight leg test was positive bilaterally. Deep tendon reflexes in the lower extremities were decreased but equal. Diagnosis: 1. Post laminectomy syndrome, lumbar 2. Chronic pain 3. Lumbago. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as 6 months. Medications: Diclofenac Sodium CR 100mg, #60 SIG: 1 p.o. max once per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium CR 100 mg XR 24h, Qty: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

**Decision rationale:** Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%.