

<b>Case Number:</b>	CM14-0087211		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 59-year-old female with a 5/17/10 date of injury, when she tripped over a chair and fell. The patient was seen on 5/12/14 with complaints of 8/10 constant lower back pain radiating into the right leg. The progress note stated that the patient's urinalysis revealed that the patient was on gabapentin. Exam findings of the lumbar spine revealed limited range of motion, tenderness to palpation over lumbar facets and positive straight leg raising test on the right at 30 degrees. The sensory was decreased in the right lower extremity along the L5-S1 dermatomes with persistent paresthesias in the right L4-S1 nerve root dermatomes. The patient's gait was mildly antalgic on the right. The progress notes indicated that the patient was utilizing Diclofenac at least from 8/23/13. The diagnosis is cervicalgia, lumbago, sciatica, lumbosacral spondylosis without myelopathy, thoracic or lumbosacral neuritis or radiculitis and degeneration of lumbar intervertebral disc. Treatment to date: work restrictions, compound cream, epidural steroid injections, TENS unit, physical therapy (PT), acupuncture, home exercise program (HEP) and medications. An adverse determination was received on 5/28/14 for a lack of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However the progress notes indicated that the patient was utilizing Diclofenac at least from 8/23/13, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, there is no rationale with regards to the necessity for this medication for the patient. Lastly, the Guidelines do not support long-term treatment with NSAIDs. Therefore, the request for Diclofenac ER 100mg #60 was not medically necessary.