

<b>Case Number:</b>	CM15-0161690		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old male who sustained an industrial injury on 08-21-13. Initial complaints and diagnoses are not available. Treatments to date include medications and injections. Diagnostic studies include a MRI of the cervical spine. Current complaints include increased pain and weakness in the legs, as well as headaches and difficulty sleeping, pain in the abdomen and neck. Current diagnoses include lumbago, displacement of lumbar intervertebral disc, cervicgia, thoracic neuritis, and umbilical hernia. In a progress note dated 07-21-15 the treating provider reports the plan of care as chiropractic treatments, general surgery consultation for the umbilical hernia, spinal surgery consultation, and medication including gabapentin, diclofenac, omeprazole, and trazadone. The requested treatment includes diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac tab 100 mg Qty 30, 30 day supply:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (voltaren) Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 68-73 Page(s): 68-73.

**Decision rationale:** The claimant sustained a work injury in August 2013 and is being treated for radiating neck pain, lower extremity pain and weakness, abdominal pain, and headaches. When seen, there was an antalgic gait. There was decreased cervical and lumbar spine range of motion with upper trapezius, levator scapular, and lumbar paraspinal muscle tenderness with spasms. Right straight leg raising was positive. There was a mildly tender umbilical hernia. There was decreased right lower extremity strength, sensation, and ankle reflex. Medications were refilled including Diclofenac XR 100 mg #30. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac XR for chronic pain is 100 mg per day. In this case, the requested dosing is within guideline recommendations and medically necessary.