

<b>Case Number:</b>	CM15-0190333		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on May 12, 2013. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having failed back surgery with radiculopathy, degenerative disc disease lumbosacral region, facet syndrome, lumbago and muscle spasm. She tried multiple over-the-counter anti-inflammatories with little relief. Her Vicodin medication was noted to no longer be helping her much. On September 8, 2015, the injured worker complained of low back pain and muscle spasms. Her pain was noted to be worse with standing upright and walking as well as leaning back and side bending. The pain was noted to affect her ability to perform simple tasks such as walk for any distance longer than 100 feet without having significant pain in her mid to low back. Physical examination revealed lumbar spine tenderness to palpation near the upper lumbar spine and decreased flexion. Bilateral sacroiliac joint tenderness was noted. Faber's test was noted to be positive bilaterally. The treatment plan included starting Gabapentin, starting Diclofenac Sodium ER, possible spinal cord stimulator and facet joint injection to bilateral L1-L2 facet joint. On September 16, 2015, utilization review denied a request for Diclofenac 100mg #30 and lumbar facet injection bilateral L1-L3. A request for Gabapentin 300mg #90 was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. The claimant did not respond to prior Naproxen and Ibuprofen. The claimant is on multiple opioids currently. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Diclofenac is not medically necessary.

**Lumbar facet injection bilateral L1-L3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36.

**Decision rationale:** According to the guidelines, facet injections are not indication for those with radiculopathy or those who have undergone fusion. In this case, the claimant has undergone an L2-S1 fusion. Although the claimant has chronic back pain, the request for a facet block of L1- L3 is not medically necessary.