

<b>Case Number:</b>	CM15-0195331		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old male sustained an industrial injury on 9-19-14. Documentation indicated that the injured worker was receiving treatment for lumbar degenerative disc disease with radiculopathy and chronic pain syndrome. Previous treatment included physical therapy, cognitive behavioral therapy and medications. In a PR-2 dated 8-18-15, the injured worker complained of ongoing low back pain with radiation to the lower extremities associated with numbness and tingling, rated 6 to 8 out of 10 on the visual analog scale. The injured worker reported that medications decreased pain and increased function. Physical exam was remarkable for low back with diffuse tenderness to palpation and "decreased" range of motion. Documentation indicated that the injured worker had been prescribed Diclofenac, Tramadol and Pamelor since at least 7-13-15. The treatment plan included continuing to titrate Pamelor and continuing medications (Tramadol and Diclofenac). On 9-10-15, Utilization Review noncertified a request for Diclofenac 75mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 75mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac.

**Decision rationale:** The patient presents with low back pain with radiation to the BLE with numbness into the heels. He also notes pain in the neck and upper back since the injury. The request is for Diclofenac 75MG #30. The request for authorization is not provided. Physical examination of the lumbar spine reveals decreased painful range of motion. Positive straight leg raise bilaterally. Pain assessment includes current pain: 8/10, intensity of pain after taking medications: 7/10, how long pain relief lasts: 3 hours. Per progress report dated 10/18/15, the patient is totally temporarily disabled per PQME. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain - Chronic Low Back Pain states: "Recommended as an option for short-term symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "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%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per progress report dated 08/18/15, treater's reason for the request is "Meds help decrease pain and increase function." Review of provided medical records show the patient was prescribed Diclofenac on 07/13/15. The patient continues with low back pain. Given patient's continued symptoms, MTUS supports the use of NSAIDs. However, MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. In this case, treater does document pain reduction with use of medication, but does not discuss or document functional improvement in patient with use of Diclofenac. Furthermore, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. There is no evidence in provided medical records that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. Therefore, the request IS NOT medically necessary.