

<b>Case Number:</b>	CM15-0200877		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New Jersey, New York

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 56 year old male injured worker suffered an industrial injury on 2-8-2010. The diagnoses included radiculitis of the bilateral lower extremities, thoracic strain, thoracic facet syndrome, cervical degenerative disc disease with multilevel disc herniations. On 8-25-2015 the treating provider reported numbness and tingling down the right lower extremity to the foot and reported some improvement since last evaluation. He noted he was able to do more activities each week. The provider reported contractures in both knees at extension and walked with a cane. On exam there was tenderness of the cervical muscles with spasms. The lumbar spine had tenderness and spasms in the muscles and the injured worker was wearing a lumbar brace. The straight leg raise was positive. Prior treatment included revision of lumbar surgery. Diclofenac had been in use at least since 4-10-2015. The Utilization Review on 9-17-2015 determined non-certification for Diclofenac XR 100mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

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

**Decision rationale:** The request is considered not medically necessary. The ODG states that this drug is not recommended as first line due to increased risk profile. Diclofenac has been found to increase cardiovascular risk. The patient is currently on Naprosyn as well. The patient is also on coumadin for a DVT which makes NSAIDs contraindicated. Therefore, the request is considered not medically necessary.