

<b>Case Number:</b>	CM15-0040669		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 44 year old male who sustained an industrial injury on 11/18/13. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, rest, acupuncture, lumbar support, lumbar brace, cervical pillow, interferential unit, hone exercise, TENS unit, hot/cold therapy, and a lumbar ESI. Diagnostic studies to date include x-rays and a MRI. Current complaints include low back pain radiating down to his lower extremities. In a progress note dated 01/12/15 the treating provider reports the plan of care to include Voltaren, Tizanidine, and lumbar ESIs and facet joint injections. The requested treatment is Voltaren.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren XR (Diclofenac Sodium XR) 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64, 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Voltaren XR (Diclofenac Sodium XR) 100mg # 60 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Voltaren XR. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.