

<b>Case Number:</b>	CM15-0041464		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	01/19/2000
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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 York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 62 year old male who sustained an industrial injury on January 19, 2000. He has reported low back pain and has been diagnosed with sprain thoracic region, thoracic disc degeneration, and sprain lumbar region. Treatment has included medication and urology consultation. Progress report date February 2, 2015 noted a normal gait and swing without an assisted device. The treatment plan included medication and disability status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

**Decision rationale:** The patient is a 62 year old male with an injury on 01/19/2000. He has chronic back pain. On 02/02/2015 he had a normal gait. Diclofenac is an NSAIDS medication. Treatment with long term NSAIDS is not a MTUS recommended treatment. NSAIDS are

associated with GI, renal and cardiovascular adverse effects. They decrease soft tissue healing. Diclofenac is not medically necessary for this patient.