

<b>Case Number:</b>	CM15-0049602		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

### 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 31 year old male, who sustained an industrial injury on September 11, 2012. The injured worker was diagnosed as having sprain of the lumbar region, degeneration of the lumbar or lumbosacral intervertebral disc, sciatica, lumbar radicular pain, lumbar spinal stenosis, lumbar disc herniation of lumbar 4-5 and lumbar 5-sacral 1, low back pain, and chronic pain syndrome. Treatment to date has included opioid and non-steroidal anti-inflammatory medications, home exercise program, activity/work modifications, epidural steroid injection, physical therapy, and urine drug screening. On February 24, 2015, the injured worker complains of continued, aching and stabbing right lower back pain. His non-steroidal anti-inflammatory medication was denied and he would like to appeal the decision. The physical exam revealed normal strength of the bilateral lower extremities, intact and equal sensation, no clonus or increased tone, non-tender sciatic notches and sacroiliac joints, negative Patrick's sign and Gaenslen's maneuver, tenderness over the right paraspinals, increased pain with flexion, and a positive right straight leg raise. The treatment plan includes continuing his opioid and non-steroidal anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Extended Release 100 mg, thirty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 71. Decision based on Non-MTUS Citation Official Disability Guidelines: NSAIDs.

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac, are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is documentation of functional benefit in the past. Medical necessity for the requested medication has been established. The requested item is medically necessary.