

<b>Case Number:</b>	CM14-0133095		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42-year-old male who reported an injury on 06/06/2013, due to an empty box that fell on the right side of him causing him to slide his right foot into the left foot. Several days later he felt his lower back burning. The injured worker had a history of lower back pain. The diagnoses included lumbar degenerative disc disease and lumbar spinal stenosis. The medications included gabapentin 300 mg, Diclofenac sodium 75 mg and hydrocodone/acetaminophen 325/7.25 mg. The objective findings dated 08/06/2014, of the lumbar spine revealed normal gait, flexion was 45 degrees, able to do full squat and kneel, weakness at the EHL (Extensor Hallucis Longus) at 4/5. Reflexes were 1/4 in the patella and Achilles tendons. The MRI of the lumbar spine dated 03/22/2014, revealed mild posterior disc protrusion and congenital short pedicles. The treatment plan included return to work, no frequent bending and medications. The Request for Authorization dated 08/22/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 75mg # 60 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laboratory Testing, NSAIDS Page(s): 70.

**Decision rationale:** The request for Diclofenac XR (extended tablets) 100 mg #30 is not medically necessary. The California MTUS guidelines indicate that the package inserts for Non-Steroid Anti-Inflammatory Drugs (NSAIDs) recommend periodic lab monitoring of a CBC (Complete Blood Count) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical notes did not indicate that the injured worker had CBC and chemistry profile. The clinical notes did not indicate that any abnormal physical findings. The request did not address the frequency. As such, the request of Diclofenac 75mg # 60 with 5 refills is not medically necessary and appropriate.

**Hydrocodone 7.5/325mg # 60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Ongoing Management Page(s): 91; 78.

**Decision rationale:** The California MTUS guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation did not include adverse effect, analgesia, activities of daily living or aberrant drug behavior. The request did not indicate the frequency. As such, the request of Hydrocodone 7.5/325mg # 60 with one refill is not medically necessary and appropriate.