

<b>Case Number:</b>	CM14-0141218		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and Rehabilitation, has a subspecialty in 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:

This is a 45-year-old patient who sustained an industrial injury on 04/27/2010. Mechanism of injury was not provided. The patient has a history of headaches, neck and low back pain, as well as anxiety and depression. A request for Diclofenac sodium ER 100 mg #60 was non-certified a utilization review on 08/11/2014 with the reviewing physician noting this medication was prescribed for temporary headache relief as a refill and the California MTUS supports the use of NSAIDs for short-term relief with moderate to severe pain. In this case the patient is being prescribed this medication long-term with no documentation of decreased visual analogue scale scores monitoring efficacy or objective benefit with chronic use. Provided for review are multiple handwritten mostly illegible psychological progress notes. There is a neurological reevaluation dated 06/16/14 indicating the patient is seen psychiatry and is prescribed Wellbutrin XL 300 mg daily, Zoloft 100 mg daily and Xanax 0.5 mg as needed. The patient continues alternate week individual psychotherapy. The patient continues to report headaches that occur one or 2 occasions per month, varying in duration from 3 hours of tooth 2 or 3 consecutive days. Headaches are posterior or diffuse in location. The patient receives partial headache relief with the use of Cyclobenzaprine 7.5 mg, a muscle relaxant. There is partial headache relief with the use of Diclofenac sodium ER 100 mg. The physical examination revealed there was no nuchal scalp tenderness, restricted cervical range of motion and tenderness to palpation at the cervical paraspinal muscles bilaterally with increased muscle tone. Motor strength is 5/5 in the bilateral upper and lower extremities. There was diminished sensation in both upper extremities and distal to both knees. Biceps reflexes were 1+ bilaterally, brachioradialis reflexes were 3+ bilaterally, and triceps reflexes were 2+ bilaterally. Quadriceps reflexes were 2+ on the right and 3+ on the left, and gastrocnemius reflexes 2+ bilaterally. The patient was prescribed a refill of Diclofenac sodium ER 100 mg #60 once daily and Hydrocodone/APAP 2.5/325 mg #60 one tablet every 6

hours as needed. For the treatment of "probable medication related gastric symptoms" the patient was provided Pantoprazole DR 20 mg #60 one tablet once or twice daily, 30 minutes prior to a meal.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diclofenac Sodium ER 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient has chronic pain from an injury sustained in 2010 and has been prescribed NSAIDs long-term without any quantifiable pain relief or documented functional/vocational benefit. Long-term use of NSAIDs is not recommended by guidelines. The medical records do not clearly establish when this medication was started or total duration of treatment. There is no documentation of failure of first-line over-the-counter formulations. The current request does not specify dosing frequency. Therefore, the requested Diclofenac sodium ER 100mg #60 is not medically necessary and the request is not medically necessary.