

<b>Case Number:</b>	CM14-0215143		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 66-year-old female with an injury date of 06/02/2010. Based on the 06/18/2014 progress report, the patient complains of having increased pain in her lumbar spine and increased numbness in her left buttock. The 07/22/2014 report states that the patient has a positive left straight leg raise. The 10/23/2014 report indicates that the patient has acute spasm of the right lumbar spine paraspinal muscles and rates her pain as a 10/10. The patient's diagnoses include the following: 1. Myofascial pain syndrome. 2. Lumbar spine strain. 3. Left lumbosacral radiculopathy. The utilization review determination being challenged is dated 12/02/2014. There are 4 treatment reports provided from 04/22/2014 10/23/2014. Progress reports are handwritten and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Diclofenac Sodium ER 100mg, #100 with a date of service of 10/23/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Medications for Chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with myofascial pain syndrome, lumbar spine strain, and left lumbosacral radiculopathy. The request is for DICLOFENAC SODIUM ER 100 mg #100. The patient has been taking this medication as early as 07/22/2014. MTUS anti-inflammatory medications page 22 states, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what the diclofenac sodium has done for the patient's pain and function and why it is prescribed, as required by MTUS page 60. The requested diclofenac sodium IS NOT medically necessary.