

<b>Case Number:</b>	CM15-0013792		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	07/11/2014
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male sustained an industrial injury on 7/11/14. He subsequently reports low back pain with numbness and tingling. An MRI dated 12/1/14 revealed abnormalities of the lumbar spine. Diagnoses include lumbar spine lumbago, lumbar spasm and radiculopathy. The UR decision dated 1/12/15 non-certified Diclofenac 100MG #30. The Diclofenac 100MG #30 was denied based on CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant is more than 6 months status post work-related injury and continues to be treated for chronic radiating low back pain. NSAIDS (nonsteroidal

Anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing is Diclofenac XR 100 mg PO once daily for chronic maintenance therapy. In this case, the requested dosing is consistent with the recommended dosing guidelines and therefore medically necessary.