

<b>Case Number:</b>	CM15-0112009		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 62 year old female, who sustained an industrial injury on 05/28/2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/14/2015 the injured worker has reported lower back pain. She was note to have increased pain with prolonged walking, standing, bending, and lifting. She was noted to have functional improvement and pain relief with medication. And the injured worker ambulates with the assist of a cane. On examination of the lumbar spine revealed tenderness to paralumbar musculature, posterior superior and iliac spine region. Muscle spasms were noted as positive in the paralumbar musculature. Lumbar range of motion was noted as restricted with pain on extension. The diagnoses have included chronic intractable low back pain, neural foraminal stenosis, herniated disc lumbar spine, degenerative disc disease lumbar spine and radicular pain bilateral lower extremities L4-L5 nerve root/neuropathic pain. Treatment to date has included medication noted as Nortriptyline, Diclofenac, Omeprazole, and Cyclobenzaprine. The provider requested Diclofenac XR 100mg #60 for anti-inflammatory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Diclofenac Sodium is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac XR (Voltaren) 100mg #60 is not medically necessary.