

<b>Case Number:</b>	CM15-0076577		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 24 year old male sustained an industrial injury on 4/13/12. He subsequently reported back pain. Diagnoses include chronic intractable neck pain, disc protrusion cervical spine and bilateral shoulder strain. Treatments to date have included x-ray and MRI studies, injections, modified work duty and prescription pain medications. The injured worker continues to experience chronic back and bilateral shoulder pain. Upon examination, there was positive tenderness and muscle tenderness over the paracervical musculature. A retrospective request for Diclofenac XR medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Diclofenac XR 100 mg #60 with a date of service of 3/11/2015:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 64, 102-105, 66.

**Decision rationale:** In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Also, there is no documentation of this patient having failed over the counter NSAIDS to warrant a prescription NSAID. Likewise, this request for Diclofenac is not medically necessary.