

<b>Case Number:</b>	CM14-0146394		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/10/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Internal 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:

The injured worker is a 59 year old male who had a work related injury on 01/10/11. Mechanism of injury was not described. The only clinical record submitted for review was dated 08/19/14. The injured worker complained of neck pain and low back pain. He followed up with persistent neck pain and low back pain. He rated pain 8/10 and frequent and the same since his last visit however, he continued to have pain radiating to arms and legs. The pain was made better with rest and medication. He was taking Motrin and Norco for his pain. He took six Motrin a day because he wanted to take less Norco. He was advised this was way too many and he informed he had darker stools which was concerning. Therefore, Motrin was discontinued. Norco helped his pain from 8 to 4. Motrin helped his pain from 8 to 6. The pain was made worse with activities. He was currently not working. On physical examination cervical spine revealed limited range of motion. There was tenderness over the trapezius/paravertebrals equally. Shoulder depression test was done positive. Spurling test was positive on the left. Strength and sensation were 4/5 on the left at C5, C6, C7, and C8, and 5/5 on the right. Deep tendon reflexes were 2+ bilaterally in brachioradialis and triceps. Physical examination of lumbar spine revealed limited range of motion. There was tenderness over the paraspinals equally. Kemp test was positive bilaterally. Straight leg raise was positive on the left at 70 degrees to the posterior thigh. Strength and sensation were 4/5 on the left at L4, L5, and S1 and 5/5 on the right. Deep tendon reflexes were 2+ bilaterally in the patellar and Achilles tendon. Diagnosis cervical spine disc herniation. Lumbar spine disc herniation. Due to the worsening neck pain and back pain with decreased functionality. He could reach above shoulder level to hand something on the wall without excruciating muscle spasm and low back pain and cervical spine, he could not sleep at night because his neck pain was worsening, therefore he was requested authorization for MRI of the cervical spine and lumbar spine and consultation and

treatment with internist for ruling out gastritis versus bleeding ulcers as he started had stated he had worsening stomach issues and his stool was dark, almost black. Prior utilization review on 09/08/14 was non-certified. Current request was for diclofenac 75mg #60.

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

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

**Diclofenac 75 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot benefit from over-the-counter NSAIDs on an as needed basis. Also most recent medical record states that the patient had dark stools while on Motrin. As such, the request for Diclofenac is not medically necessary.