

<b>Case Number:</b>	CM14-0173004		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Family Medicine and is licensed to practice in California and Texas. 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:

This is a 53 years old female patient who sustained an injury on 6/10/2008. She sustained the injury while cleaning a room, she bent down to retrieve her supplies; the door that was propped open slipped and closed on her, striking her left hip and tossing her into her cleaning cart. The current diagnoses include hip or thigh strain, lower back pain, sacroiliac ligament sprain and myofascial pain. Per the doctor's note dated 9/20/14, she had complaints of low back pain and radiating of numbness to left lower extremity. The physical examination revealed decreased range of motion, 1+/2 reflexes on the left, tightness in the low back with straight leg raising, tenderness over the facet joints with lumbar spine parasinal muscle spasms. The medications list includes diclofenac and tens patch. She has had electrodiagnostic studies in 2010 which revealed left sided lumbar radiculopathy involving L4 nerve root; a left hip MRI dated 10/7/2009 which revealed greater trochanteric bursitis and signal changes suspicious for an anterosuperior labral tear; lumbar spine MRI dated 3/31/2011 which revealed minimal desiccation of L3-L4 and L5-S1 discs with 2 mm disc bulges, no disc herniation, mild facet arthropathy, no foraminal stenosis and loss of normal lordosis. She has undergone left hip surgery on 11/30/10; cholecystectomy and hysterectomy. She has had chiropractic therapy visits and physical therapy visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter:Pain(updated 10/30/14) Anti-inflammatory medications Diclofenac

**Decision rationale:** Diclofenac is an NSAID. According to the cited guidelines "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. (Van Tulder-Cochrane, 2000) ...."Patient had chronic low back pain. Therefore use of NSAIDs is medically appropriate and necessary. HOWEVER, per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk..."The response and failure of other NSAIDS is not specified in the records provided.The medical necessity of Diclofenac ER 100mg #60 is not fully established as a first line NSAID due to its risk profile.