

<b>Case Number:</b>	CM14-0153937		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	11/14/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. 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 patient is a 31 year-old woman who was injured at work on 11/14/2012. The injury was primarily to her neck and left hand. She is requesting review of denial for the following: Extracorporeal Shock Wave Therapy X 6 (for the left trapezius and levator scapulae); and Diclofenac 75mg #120 with 1 Refill. Medical records corroborate ongoing care for her injuries. Chronic diagnoses include the following: Cervical Sprain; Congenital Stenosis C4-5; Multilevel Disc Herniations C3-4, C4-5, C5-6; Left Trigger Thumb; and Left DeQuervain's Tenosynovitis. Her treatment has included: physical therapy, cervical epidural steroid injections, chiropractic therapy, NSAIDs, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **EXTRACORPOREAL SHOCKWAVE THERAPY QUANTITY 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Extracorporeal Shock Wave Therapy (ESWT)

**Decision rationale:** The MTUS/ACOEM/Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not comment on the use of Extracorporeal Shockwave Therapy for the treatment of myofascial pain syndromes. A literature search of PubMed found one reference that used a randomized trial to investigate whether Extracorporeal Shock Wave Therapy (ESWT) is effective for the treatment of myofascial pain syndrome (Jeon JH, et al. The effect of extracorporeal shock wave therapy on myofascial pain syndrome. *Ann Rehabil Med* 2012;36:665-74.) In this study 30 patients were randomized into treatment with ESWT, TENS, or Trigger Point Injections. The study was conducted over a 3-week period. There was no comparison control group. The study found there were no significant differences in treatment outcomes between these three different modalities. However, it was unclear whether the observed outcomes were clinically meaningful. The authors concluded that "research on its (ESWT) mechanism are still inadequate and standardized treatment guidelines are yet to be established in order to produce optimal results." There is insufficient evidence to support of ESWT as a medically necessary treatment. Further research will need to be done to assess its efficacy on clinically meaningful outcomes.

**DICLOFENAC 75MG Qty 120 refills 1:** 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): 67-68.

**Decision rationale:** Diclofenac is a nonselective NSAID. Page 71. The MTUS/Chronic Pain Medical Treatment Guidelines provide specific recommendations on the use of NSAIDs for chronic pain syndromes. In general, the guidelines state that NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this case the records indicate that Diclofenac is being prescribed as a chronic treatment for this patient's neck pain. This is not consistent with the stated recommendations that NSAIDs should be prescribed at the lowest dose for the shortest period. Further, there is no evidence to indicate that Diclofenac has been effective in the treatment of this patient's pain or has improved her function. Therefore, Diclofenac is not considered as a medically necessary treatment.

