

<b>Case Number:</b>	CM14-0164093		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Colorado. 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 45 years old male with date of injury 3/18/2014, continues follow up with treating physician for ongoing Left shoulder pain with impingement and partial rotator cuff tear. Records supplied indicate pain no better over time despite non-steroidal anti-inflammatory drugs and narcotics as well as physical therapy and injections. The treating physician documents several abnormal physical findings on shoulder exam including atrophy, positive Neer's sign, and positive apprehension test. Pain is 9/10 even with treatment. Left shoulder arthroscopy with subacromial decompression and AC joint resection has been planned. The records are unclear on exactly patient's current medication regimen, but it appears to be the same as is currently requested for post-surgery: Diclofenac XR, Prilosec, and Tramadol. (Patient did complain of heartburn at one time after he started the Diclofenac, so Prilosec was started for GI protection.) The treating physician has requested Prilosec, Tramadol and Diclofenac for post-operative treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Diclofenac XR 100mg #60 (DOS: 9/5/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, NSAIDs, GI symptoms & cardiovascular risk Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 219, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 67 and 71.

**Decision rationale:** Per the guidelines, non-steroidal anti-inflammatory drugs are recommended and deemed superior to Acetaminophen for patients with moderate to severe pain, including osteoarthritis. While there is insufficient evidence for long term efficacy of non-steroidal anti-inflammatory drug use, Diclofenac XR specifically is indicated for long term use. If patient is deemed to be at risk for adverse gastrointestinal event with non-steroidal anti-inflammatory drug, then addition of proton pump inhibitor, such as Prilosec, is recommended. Per algorithm 9-5 of the ACOEM guidelines regarding shoulder complaints, postoperative treatment extend up to 3 months after surgery, so medication prescriptions to manage pain in that time are considered appropriate. Per the records supplied, patient has rotator cuff injury and osteoarthropathy of the shoulder. Nonsteroidal anti-inflammatory drugs then are recommended as initial therapy and post-operative therapy for this patient. Patient has intermediate risk for adverse gastrointestinal events given that he has been taking high dose non-steroidal anti-inflammatory drugs and complained of gastrointestinal symptoms, so Prilosec is indicated in addition to non-steroidal anti-inflammatory drug. As the request is for 60 day supply of Diclofenac, which is less than the maximum post-operative time limit for treatment, it is an appropriate dosing interval / period for this medication post-surgery. The request for Diclofenac XR 100mg tablets, #60 is considered medically necessary.