

Case Number:	CM14-0178036		
Date Assigned:	10/31/2014	Date of Injury:	03/17/2013
Decision Date:	02/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 Emergency Medicine and is licensed to practice in New York. 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 25 year old female sustained an injury on March 17, 2013. The mechanism of injury was not included in the provided medical records. The diagnoses and results of the injury include bilateral shoulder trapezius strain with mild left shoulder impingement and left upper extremity post nerve conduction study neuritis. Past treatment included pain, non-steroidal anti-inflammatory, and muscle relaxant medications; activity modifications, a home exercise program, stretching, chiropractic therapy, and acupuncture. On March 19, 2014, the primary treating physician noted the injured worker had failed conservative care. On September 5, 2014, an MRI of then left shoulder revealed supraspinatus mild-moderate insertional tendinopathy and mild marrow edema consistent with reactive osteitis surrounding the acromioclavicular joint. On September 8, 2014, the primary treating physician noted bilateral shoulder pain that was more on the left than the right and decreased active range of motion. The injured worker reported the left shoulder felt out of place, and there was popping with pain of the right shoulder, and depression due to chronic pain and inability to sleep due to the left shoulder pain. The symptoms were constant, severe and sharp with numbness, weakness, and aching, which was unchanged from the last exam. The physical exam revealed tenderness of the subacromial (SA), acromioclavicular (AC), and supraspinatus tendon(SST), positive impingement and positive coracoacromial (CA) ligament, of the bilateral shoulders, right greater than the left. There was mildly decreased right shoulder weakness. Active range of motion was mild-moderately decreased on the right, and moderately decreased on the left. Diagnoses were bilateral shoulder signs/symptoms with impingement on the left and left upper extremity numbness secondary to nerve conduction study August 2013. The physician recommended stopping the current pain medication as it was not helping, follow up in 6 weeks, consider a left shoulder injection versus surgery pending the results of the MRI from Sept %, 2014, and a psych consult for depression. Current work status is

temporarily totally disabled. On October 6, 2014, Utilization Review non-certified a prescription for Voltaren #30 requested on September 22, 2014. The Voltaren was non-certified based on Voltaren is not a first-line non-selective, non-steroidal anti-inflammatory medication, which is not consistent with the guidelines recommendations. The UR spoke with the treating physician and clarified that he wanted the extended release Voltaren, which is for chronic maintenance therapy per the guidelines. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 po qd #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac.

Decision rationale: Voltaren is diclofenac, a non-steroidal anti-inflammatory drug (NSAID). Chronic Pain Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Diclofenac is not recommended as first line due to increased risk profile. 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). This is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. In addition there is no documentation that the patient had failed therapy with a traditional first line of treatment. The request is not medically necessary..