

<b>Case Number:</b>	CM14-0200267		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Physical Medicine Rehab, has a subspecialty in Pain 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 now a 67 year old female substitute school bus driver, with bilateral shoulder conditions, with an injury date of 11/01/2007. The patient has a marked loss of motion in shoulders, pain and decreased grip strength on the right as compared to the left. 11/14/2013 Utilization Review denied the requested Diclofenac 100mg #60 with 2 refills as not medically necessary per Chronic Pain Medical Treatment Guidelines, stating functional benefit as a result of medication and documentation of medical necessity is required for subsequent review. Treatments have included November 2009 left shoulder arthroscopy noted 75% cartilage loss from the glenoid and 50% loss from the humeral head. The physician categorized the cartilage injury as a grade IV. June 2012, the patient underwent a left total shoulder arthroplasty with some restriction of motion. 8/21/2013 the patient had a total right shoulder arthroplasty. Medications include Percocet, Diclofenac, Ketoprofen and Gabapentin. The patient can sleep only on her back and complains of pain and clicking in both shoulders. The patient also wears bilateral wrist braces at night for bilateral carpal tunnel complaints with numbness. The patient also continues home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg QTY: 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested diclofenac is not medically necessary.