

<b>Case Number:</b>	CM15-0107199		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 injured worker is a 61-year-old female who sustained an industrial injury on 3/23/06 while loading a cart when she felt a pop in her back. She was medically evaluated and prescribed pain medication and physical therapy. She currently complains of intermittent, moderate pain in the right shoulder and neck. Medications and rest improve the pain and activity worsens it. On physical exam there was tenderness in the paralumbar musculature; there was diminished sensation in the L3 and L4 nerve root distribution on the right lower extremity; in the right and left shoulders there was positive Neer's and Hawkin's test and positive greater tuberosity tenderness; left and right finger/ hand showed positive tenderness at the A-1 pulley, positive triggering; left and right wrist had positive Tinel's, positive Phalen's and positive median nerve compression test. Medications are diclofenac, omeprazole, ondansetron. Diagnoses include left shoulder status post arthroscopy, subcortical decompression, acromioclavicular joint resection; degenerative disc disease, cervical spine; rule out cervical radiculitis; ring finger trigger fingers, left thumb; bilateral carpal tunnel syndrome; right shoulder rotator cuff tendinitis, impingement syndrome, acromioclavicular joint arthrosis; low back pain; herniated lumbar disc; insomnia; right knee contusion. Treatments to date include medications; interlaminar cervical epidural injection (8/19/11). Diagnostics include MRI of the right shoulder (7/30/08) showing tendinosis, subchondral cysts and degenerative changes; MRI of the lumbar spine (7/30/08) showing disc protrusion. In the progress note dated 4/17/15 the treating provider's plan of care included a request for diclofenac XR 100 mg # 60 for inflammation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100 mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Diclofenac.

**Decision rationale:** Voltaren/Zipsor is the name brand version of Diclofenac, which is a NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat longterm neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate improvement while taking the medication. There is no evidence of functional improvement. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, ODG also states that diclofenac is "Not recommended as first line due to increased risk profile. If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events. " Medical documents indicate that the patient has been on diclofenac since at least 2013, which given the treatment history does not appear to be the shortest duration possible. As such, the request for Diclofenac 100mg #60 is not medically necessary.