

<b>Case Number:</b>	CM15-0012395		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/08/2014
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 45 year old male, who sustained an industrial injury on March 8, 2014. He has reported left shoulder pain and was diagnosed with left shoulder rotator cuff tendinitis and left shoulder status post arthroscopy, subacromial decompression and AC joint resection. Treatment to date has included radiographic studies, diagnostic studies, surgical intervention, pain injections, pain medications and work restrictions. Currently, the IW complains of continued left shoulder pain. The injured worker reported an industrial injury on March 8, 2014, resulting in continued left shoulder pain. On September 5, 2014, he continued to complain of pain in the left shoulder. Arthroscopic procedure was planned and pain medications were renewed. He complained of indigestion with the use of non-steroidal anti-inflammatories. On November 26, 2014, evaluation revealed unchanged symptoms. He was status post-surgical intervention of the left shoulder and received steroid injections. Pain medications and physical therapy were prescribed. On January 9, 2015, Utilization Review non-certified a request for diclofenac XR tablets 100mg, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested diclofenac XR tablets 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR tablets 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Nonsteroidal anti-inflammatory drugs such as diclofenac may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no benefit from the use of nonsteroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of diclofenac for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period of time and the presence of an adverse effect (heartburn).