

Case Number:	CM15-0124810		
Date Assigned:	10/13/2015	Date of Injury:	10/30/1999
Decision Date:	11/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 10-30-99. The injured worker has complaints of right shoulder pain that radiates down the right arm. Objective findings for right shoulder noted Jamar right 34-32-40 kilogram and left 34-33-31 kilogram, limited range of motion. The diagnoses have included other affections of shoulder region, not elsewhere classified. Treatment to date has included status post right shoulder arthroscopy with subacromial decompression on 2-3-15; physical therapy and diclofenac. The original utilization review (4-9-15) non-certified the request for diclofenac #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR).

Decision rationale: The patient presents with right shoulder pain, rated 6-8/10, radiating down the right arm. The request is for Diclofenac #90. Patient is status post right shoulder arthroscopy with subacromial decompression, 02/03/15, examination to the right shoulder on 04/06/15 revealed mild swelling. Range of motion was limited with pain. Per Request for Authorization form dated 04/02/15, patient's diagnosis includes right shoulder impingement syndrome, and chronic mild renal insufficiency. Patient's treatments have included image studies, medication, and physical therapy. Patient's medications, per 06/16/15 include Norco, Tramadol, and Tizanidine. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain - Chronic Low Back Pain states: "Recommended as an option for short-term symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) states: "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), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" The treater has not discussed this request. Review of the medical records indicates that the patient has been utilizing Diclofenac since at least 03/31/15. However, the treater does not document any improvement in function or reduction in pain due to its use. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, ODG supports the use of this medication only if other NSAIDs have failed and the patient has a low risk profile. The request IS NOT medically necessary.