

Case Number:	CM15-0145702		
Date Assigned:	08/11/2015	Date of Injury:	07/24/2011
Decision Date:	09/24/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45 year old female who sustained an industrial injury on 07-24-2011 resulting in injury to the right shoulder. Treatment provided to date has included: right shoulder surgery; physical therapy; acupuncture; lumbar epidural steroid injections; medications; psychotherapy; and conservative therapies and care. Recent diagnostic testing included: MRI of the lumbar spine (2013) showing right lateral stenosis of the lumbar spine, straightening of the lumbar spine, early disc desiccation at L4-5 and L5-S1, possible ovarian cyst, central disc extrusion with inferior migration superimposed on diffuse disc bulge and annular tear indenting the thecal sac, disc material and facet hypertrophy causing bilateral stenosis of neuroforamina; MRI of the cervical spine (2011) showing slight reversal of the cervical lordosis, multilevel disc desiccation, and multilevel disc protrusions with facet joint hypertrophy and stenosis; x-rays of the right shoulder (2014) showing comminuted fracturing of the proximal right humerus. There were no noted comorbidities or other dates of injury noted. On 05-22-2015, physician progress report noted that the injured worker reported a 90% improvement with continued weakness in the right shoulder. The injured worker reported that her neck pain was moderate and intermittent. No pain rating or description was mentioned. Current medications include gabapentin, prazosin, diclofenac XR for inflammation, omeprazole for NSAID gastritis prophylaxis, and ondansetron for NSAID nausea prophylaxis. The physical exam revealed a normal examination of the cervical spine; tenderness to palpation of the paralumbar musculature; tenderness in the posterior superior iliac spine region; positive muscle spasms in the paralumbar musculature; restricted extension of the lumbar spine with painful extension and lateral bend; positive straight leg raise

on the right with decreased sensation in the L4 and L5 nerve root distributions; well healed scars to the right shoulder; mild crepitus in the right shoulder; slightly decreased strength with resisted abduction and external rotation of the right shoulder; well healed scars to the left shoulder; crepitus in the left shoulder; tenderness over the biceps tendon over the antecubital fossa in the right elbow; decreased flexion in the right elbow; and positive patellofemoral facet tenderness in the bilateral knees. A previous exam (dated 10-24-2014) noted complaints of some gastrointestinal upset with the use of diclofenac; however, there were no complaints of nausea and there have been no further complaints since that date. The provider noted diagnoses of cervical strain, degenerative disc disease in the cervical spine, right upper extremity neuropathic pain and radiculitis, status post right shoulder arthroscopy with subacromial decompression and acromioclavicular joint resection, right shoulder tendinitis, resolved left shoulder tendonitis, resolved headaches, resolved right elbow epicondylitis, improving patellofemoral pain syndrome in bilateral knees, and resolving depression secondary to pain. Plan of care includes continuation of current medications and follow-up as needed. The injured worker's work status was permanent and stationary. The request for authorization and IMR (independent medical review) includes: diclofenac XR 100mg #60 and ondansetron 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac XR 100mg #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 ODG, pain section, under Diclofenac Page(s): 67.

Decision rationale: This claimant was injured four years ago in 2011 with a right shoulder injury. She is post right shoulder surgery, physical therapy, acupuncture and medicines. The MRI of the lumbar largely showed degenerative changes. As of May, there was 90% improvement with continued weakness of the right shoulder, but no pain rating or description was given. In October of 2014 there was some mention of GI upset with diclofenac, but none since. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes: 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%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request is not medically necessary.

Ondansetron 4mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, under Zofran.

Decision rationale: As shared earlier, this claimant was injured four years ago in 2011 with a right shoulder injury. She is post-right shoulder surgery, physical therapy, acupuncture and medicines. The MRI of the lumbar largely showed degenerative changes. As of May, there was 90% improvement with continued weakness of the right shoulder, but no pain rating or description was given. In October of 2014 there was some mention of GI upset with diclofenac, but none since. The MTUS was silent on this medicine. The ODG notes Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. It is not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use per FDA-approved indications. This is a special anti-emetic for special clinical circumstances; those criteria are not met in this injury case. The request is not medically necessary.