

<b>Case Number:</b>	CM15-0201711		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/11/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on 6-11-2014. The injured worker was being treated for left carpal tunnel syndrome, DeQuervain's tenosynovitis, medial epicondylitis, and cervical spine multi-level foraminal stenosis-disc herniation. A medical history of diabetes was noted. Treatment to date has included diagnostics, physical therapy, cervical epidural injection 8-10-2015, acupuncture, and medications. On 8-25-2015, the injured worker complains of increased cervical pain with headache and left arm weakness (since epidural steroid injection 8-10-2015). Pain was not rated on 8-25-2015. Current medication use included Tylenol. Objective findings included decreased sensation at the ulnar nerve on the left, tenderness to palpation at the left wrist first compartment, tenderness to palpation of the left paracervical muscles, and decreased range of motion in the cervical spine. Work status was modified. Previous medications included Tramadol, Flexeril, and Ibuprofen. Function with activities of daily living was not described. The treatment plan included Diclofenac Sodium XR 100mg #60, non-certified by Utilization Review on 9-11-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Diclofenac.

**Decision rationale:** Diclofenac Sodium XR 100mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Diclofenac is not recommended as first line due to increased risk profile and per a large systematic review of available evidence on NSAIDs confirms that diclofenac, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The MTUS guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Diclofenac is not medically necessary the guidelines recommend against Diclofenac use due to increased risk profile. There are no extenuating factors noted which would necessitate the use of this extended release NSAID with an increased risk profile over another NSAID with less risk of adverse side effects. For this reason the request for Diclofenac is not medically necessary.