

<b>Case Number:</b>	CM15-0207605		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/12/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: North Carolina

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 is a 50 year old female, who sustained an industrial injury on 06-12-2015. She has reported injury to the right shoulder, right knee, and right ankle. The diagnoses have included sprain-strain of the right shoulder; rotator cuff syndrome, right; strain-contusion of the right knee, superimposed upon mild arthritis; and sprain of the right ankle. Treatment to date has included medications, diagnostics, activity modification, injection, and physical therapy. Medications have included Motrin, Tylenol, Orphenadrine Citrate ER, and Diclofenac Sodium XR. A progress report from the treating physician, dated 09-08-2015, documented a follow-up visit with the injured worker. The injured worker reported right shoulder pain, rated at 5-8 out of 10 in intensity; right knee pain, rated at 8 out of 10 in intensity; right knee "pops"; and right ankle-foot pain, rated at 7 out of 10 in intensity, with inflammation. Objective findings included decreased range of motion of the right shoulder with positive impingement sign; and right knee with positive McMurray's sign. The treatment plan has included the request for Diclofenac Sodium XR 100mg #60. The original utilization review, dated 09-28-2015, non-certified the request for Diclofenac Sodium XR 100mg #60.

### 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:** Overturned

**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 rationale:** The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.