

<b>Case Number:</b>	CM15-0085886		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 44 year old female who sustained an industrial injury on 6/28/13 involving a crush injury to her left breast and macerated her left nipple. She was medically evaluated and had a left breast intraoperative debridement. She currently complains of persistent left breast, upper back and shoulder blade pain. On physical exam there was mild tenderness on palpation of the occipital area, cervical paraspinal muscles bilaterally. There was tenderness in the upper and middle trapezius and thoracic paraspinal muscles. Palpation of the shoulders and left breast elicit moderate tenderness. Medications are Naprosyn, Flexeril, Lidocaine patch, Neurontin. Diagnoses include crush injury with necrosis, left breast, status post debridement and partial mastectomy; chronic chest wall pain; chronic myofascial pain syndrome-left upper extremity, neck and lower cervical spine; depressive disorder; intermittent tension headaches. Treatments to date include eight visits of physical therapy which was helpful; trigger point injections which relieved her pain for 12 days; transcutaneous electrical nerve stimulator unit which was tried at therapy and was helpful. In the progress note dated 3/20/15 the treating provider's plan of care includes a request for diclofenac 75 mg twice per day # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective usage of Diclofenac 75mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67. Decision based on Non-MTUS Citation ODG, pain section, under Diclofenac.

**Decision rationale:** 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.