

<b>Case Number:</b>	CM14-0142354		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/31/1992
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old female with a 12/31/92 date of injury. The mechanism of injury occurred when the patient fell down a flight of stairs. According to a progress report dated 7/21/14, the patient complained of headaches rated as a 6/10, neck pain, and low back pain that radiated into the right hip. Objective findings: pain upon palpation of cervical region, slight subject tenderness to palpation in the trapezii bilaterally, tenderness at thoracic spine without radiation, diminution of sensation at the right ankle radiating into the foot. Diagnostic impression: myoligamentous strain cervical/thoracic/lumbar spine, reflex abnormality, right shoulder inflammatory process, medial epicondylitis on the right, status post bilateral ankle surgery, torn medial meniscus, and right knee. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/7/14 denied the request for Diclofenac 75mg. The claimant is at a significant risk of GI bleeds, perforation, and a potentially serious fatal condition. Diclofenac must be discontinued immediately in order to prevent further worsening of the gastritis induced by the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 75mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Diclofenac is 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. There is no documentation that the patient has had a trial and failure of a first line NSAID. In addition, there is no documentation of pain relief or functional gains from the use of this medication. Therefore, the request for Diclofenac 75mg was not medically necessary.