

<b>Case Number:</b>	CM14-0155253		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/09/2007
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Occupational 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 female with an 8/16/14 date of injury; the mechanism of the injury was not described. The progress notes indicated that the patient was on Diclofenac at least from 2/12/14. The patient was seen on 8/4/14 for the follow up visit. The patient was awaiting authorization for the right shoulder surgery. Exam findings revealed positive tenderness and spasm in the lumbar paraspinal muscles and pain with lumbar flexion and extension. The examination of the cervical spine revealed tenderness over paraspinal muscles and diminished sensation in the right forearm. The Neer's test and Hawkin's test were positive in the bilateral shoulders and there was tenderness to the AC joints bilaterally. The right shoulder abduction was 30 degrees and forward flexion was 30 degrees. The patient was noted to be on Diclofenac XR 100mg for anti-inflammatory purposes, Omeprazole, Ondansetron, Tramadol, and Wellbutrin. The diagnosis is cervical strain, chronic low back pain, right shoulder rotator cuff tendinitis, impingement syndrome in bilateral shoulder and depression. Treatment to date: medications and work restrictions. An adverse determination was received on 8/15/14 given that the products containing diclofenac were not supported in the guidelines criteria due to increased risk profile for occurring of various medical complications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

**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 or aggravate hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The progress notes indicated that the patient was taking Diclofenac at least from 2/12/14 for the anti-inflammatory purposes. However, there is a lack of documentation indicating subjective and objective functional gains from the chronic use of Diclofenac. Also, there is no discussion regarding the patient's pain and decreased pain due to Diclofenac use. Therefore, the need for chronic NSAID use was not provided. It was also noted, that the patient was taking Omeprazole for the prophylaxis of gastrointestinal side effects from the NSAID use and Ondansetron for the prophylaxis of nausea from the NSAID use, indication that the patient isn't very tolerant of Diclofenac. The need for chronic NSAID use was not provided. Therefore, the request for Diclofenac XR tablets 100mg #60 was not medically necessary.