

<b>Case Number:</b>	CM14-0181728		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Pain Management and Rehabilitation, 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 patient sustained an injury on 7/12/12 while employed by [REDACTED]. Request(s) under consideration include Diclofenac 75 MG BID as Needed #30. Report of 9/29/14 from the provider noted the patient with ongoing chronic neck pain rated at 8/10 without and 6/10 with pain medications with right arm pain. Complaints also included constipation, nausea, insomnia, headaches, depression, and stomach upset. Exam showed right shoulder range of 0-120 degrees flex/abd; cervical spine range within normal limits; mild tenderness over right medial epicondyle with right positive Finkelstein's and tenderness over right first dorsal compartment. The patient has been declared P&S for diagnoses of chronic neck pain with evidence for cervical DDD and spondylosis; right arm/shoulder pain; right supraspinatus tendinitis; right shoulder Bankart's on MRI; right medial epicondylitis and bilateral DeQuervain's tenosynovitis. Treatment included medication refills. Medications list Gabapentin and Diclofenac. The request(s) for Diclofenac 75 MG BID as Needed #30 was non-certified on 10/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 75 MG BID As Needed #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This patient sustained an injury on 7/12/12 while employed by [REDACTED]. Request(s) under consideration include Diclofenac 75 MG BID as Needed #30. Report of 9/29/14 from the provider noted the patient with ongoing chronic neck pain rated at 8/10 without and 6/10 with pain medications with right arm pain. Complaints also included constipation, nausea, insomnia, headaches, depression, and stomach upset. Exam showed right shoulder range of 0-120 degrees flex/abd; cervical spine range within normal limits; mild tenderness over right medial epicondyle with right positive Finkelstein's and tenderness over right first dorsal compartment. The patient has been declared P&S for diagnoses of chronic neck pain with evidence for cervical DDD and spondylosis; right arm/shoulder pain; right supraspinatus tendinitis; right shoulder Bankart's on MRI; right medial epicondylitis and bilateral DeQuervain's tenosynovitis. Treatment included medication refills. Medications list Gabapentin and Diclofenac. The request(s) for Diclofenac 75 MG BID as Needed #30 was non-certified on 10/24/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Diclofenac 75 MG BID as Needed #30 is not medically necessary and appropriate.