

<b>Case Number:</b>	CM14-0091875		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/28/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland and Alabama. 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:

Patient is a 51 year old female who sustained an injury on 11/28/2008. She continues to have pain in her neck and both shoulders. She has normal examination of her cervical spine, good strength, somewhat appropriate range of motion, she does however complains of tenderness in her paralumbar musculature upon palpation by the examiner. On the shoulder exam, she is positive for multiple shoulder joint examination. She does state of benefit with her pain and functionality with NSAID's and a request is made which is being questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR 100 mg, QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines states that anti-inflammatory medications are one of the first line treatments for acute pain if the medication does not cause the patient a risk with side effects. This chronic pain which is a continued process may not be appropriately treated with continuous non-steroidal anti-

inflammatory drugs (NSAID's) due to its high risk of side effects such as gastrointestinal bleeding. It should be noted that NSAID's may be used acutely and/or in flare ups of pain, therefore, this request may be adjusted to an as needed dosage to prevent serious side effects.