

<b>Case Number:</b>	CM14-0214984		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 62 year old female with the injury date of 01/17/11. Per physician's report 09/30/14, the patient has pain in her neck and shoulder. The range of her cervical or shoulder motion is normal. There is tenderness over the paracervical musculature. Tinels test and Phalens test are positive. The patient is currently taking Diclofenac XR, Omeprazole and Tramadol. The lists of diagnoses are: 1) S/P bilateral carpal tunnel release. 2) S/P left shoulder arthroscopy. 3) S/P right shoulder arthroscopy. 4) Right shoulder rotator cuff tendinitis. 5) S/P cervical spine decompression and fusion. 6) Left upper extremity radiculopathy. 7) Swallowing difficulties. 8) Depression. Per 09/16/14 progress report, the patient has failed neck surgery syndrome and chronic cervical radicular pain in her arms, right side greater than left at 5-8/10. The patient states that Nucynta was helpful in the past. The patient has had epidurals and physical therapy with some relief. Per 08/28/14 progress report, the patient has neck pain at 7/10. The patient states that medications do improve her pain. The patient was prescribed of Wellbutrin, Tramadol ER, Omeprazole and Diclofenac XR. Per 06/17/14 progress report, the patient is s/p cervical spine surgery on 05/20/14 which resolved numbness. She rates her current neck pain as 5/10. The patient is taking Cyclobenzaprine, Diclofenac XR, Omeprazole, Ondansetron, Tramadol ER and Wellbutrin. The patient is referred for functional restoration program. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 04/02/14 to 09/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69. Decision based on Non-MTUS Citation Pain chapter, Diclofenac

**Decision rationale:** The patient presents with pain and weakness in her neck, shoulder and upper extremity. The request is for Diclofenac SR 100mg #60. The patient is currently taking Diclofenac XR, Omeprazole and Tramadol. The patient has been utilizing Diclofenac XR since at least 06/17/14. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "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%." It goes onto state that there is substantial increase in stroke. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports do not indicate whether the patient has utilized other NSAIDs or not. The request for Diclofenac SR tablets is not medically necessary.