

Case Number:	CM15-0011610		
Date Assigned:	01/29/2015	Date of Injury:	02/14/2013
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/21/2015

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 injured worker is a 55 year old male, who sustained an industrial injury on 02/14/2013. He had reported falling from a lift landing on a concrete floor sustaining injuries to the neck, mid back, low back, and right shoulder. Diagnoses include right shoulder impingement with right shoulder superior labrum anterior and posterior tear by magnetic resonance imaging and physical examination, lumbar discogenic disease with dermatomal loss at lumbar three, four, and five on the left, and cervical discogenic disease with dermatomal loss on cervical six and seven. Treatment to date has included medication regimen, lumbar magnetic resonance imaging, electromyogram study, physical therapy, right shoulder magnetic resonance imaging, cervical x-ray, and right shoulder injection. In a progress note dated 12/03/2014 the injured worker reported stiffness and pain to the neck radiating to the shoulders, low back symptoms radiating to bilateral lower extremities with numbness with the left worse than the right, and severe right shoulder pain with decreased range of motion and the inability to reach above his shoulder. The treating physician requested Diclofenac Sodium to help the injured worker have the best results. On 12/26/2014 Utilization Review non-certified the requested treatment Diclofenac Sodium 100mg, noting the California Medical Treatment Utilization Schedule: Chronic Pain Medical Treatment Guidelines: NSAIDS (non-steroidal anti-inflammatory drugs), NSAIDS, specific drug list & adverse effects; American College of Occupational and Environmental Medicine Guidelines, page 47; and Official Disability Guidelines, Pain Chapter, Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren (Diclofenac Sodium), and NSAIDs, Osteoarthritis (includin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Pain chapter, Diclofenac sodium (Voltaren®, Voltaren-XR®)

Decision rationale: This patient presents with chronic right shoulder, neck and low back pain. The current request is for DICLOFENAC SODIUM 100MG. The utilization denied the request stating that this medication is not a first-line medication due to its increased risk profile. 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 reviewed indicate whether the patient has failed first line NSAIDs or not. The request IS NOT medically necessary.