

<b>Case Number:</b>	CM15-0170448		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	09/22/1997
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 54-year-old female who sustained an industrial injury on September 22, 1997. On July 29, 2015, she noted receiving a left shoulder subacromial steroid injection. She had subjective complaint of; "left shoulder, right hand, and back pains." The left shoulder pain is described as "numb and achy with shooting pain and burning sensation in the back and front of the shoulder." She uses a wrist brace as "it seems to decrease the number of times that she has the shooting pain." The lumbar spine pain is described as "achy with numbness radiating into the back of the left leg." The plan of care is with recommendation for continuing medications Diclofenac, Soma and Ambien and the mentioned medications were prescribed this visit. Medical records provided showed that May 26, 2015 required medications were: anti-inflammatory benefit from Diclofenac and the anti-spasmodic benefit from Tizanidine. Primary follow up dated April 29, 2015 reported subjective complaint of "back pain is sharp and achy," "left shoulder pain is achy at night," "right hand with shooting, stabbing pain into the wrist." The following diagnoses were applied to this visit: right carpal tunnel syndrome; right abductor pollicis longus and extensor pollicis brevis tenosynovitis; spinal stenosis, lumbar spine, without neurogenic claudication; rotator cuff capsule sprain and strain; superior glenoid labrum lesion; status post L4-S1 fusion, and partial thickness tear of the supraspinatus tendon. The plan of care is with recommendation for refilling Diclofenac, Tizanidine, and Ambien. On August 10, 2015, a request was made for Diclofenac 75mg #60 with two refills which was modified by Utilization review on August 22, 2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 75mg, #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac sodium.

**Decision rationale:** The patient presents with pain in the left shoulder, right hand, and the lower back. The request is for Diclofenac 75mg, #60 with 2 refills. Physical examination to the left shoulder on 07/29/15 revealed tenderness to palpation over the AC joint and over the subacromion. Per 07/29/15, Request For Authorization form, patient's diagnosis include R abductor pollicis longus and extensor pollicis brevis tenosynovitis, LS spinal stenosis, RC sprain/strain, and superior glenoid labrum lesion. Patient's medications, per 04/29/15 progress report include Diclofenac, Tizanidine, and Ambien. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain - Chronic Low Back Pain states: "Recommended as an option for short-term symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) states: "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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that do not seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" In progress report dated 07/29/15, the treater is prescribing Diclofenac for baseline pain management and for inflammation. The utilization review letter dated 08/22/15 has modified the request to #60 with no refills. Review of the medical records indicate that the patient has been utilizing Diclofenac since at least 04/29/15. However, the treater does not document any improvement in function or reduction in pain due to its use. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. Furthermore, ODG supports the use of this medication only if other NSAIDs have failed and the patient has a low risk profile. The request IS NOT medically necessary.