

Case Number:	CM15-0070992		
Date Assigned:	04/21/2015	Date of Injury:	05/04/2013
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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 41-year-old female, who sustained an industrial injury on 5/4/2013. The current diagnoses are right shoulder labral tear, myofascial pain, and thoracic sprain/strain, rotator cuff tendonitis of the right shoulder, shoulder ganglion, acromioclavicular osteoarthritis, and status post right shoulder surgery (12/15/2014). According to the progress report dated 2/13/2015, the injured worker complains of intermittent right shoulder pain. The pain is rated 4/10 on a subjective pain scale. The current medications are Diclofenac, Cyclobenzaprine, and Omeprazole. Treatment to date has included medication management, X-rays, MRI studies, physical therapy, electrodiagnostic testing, TENS unit, home exercise program, and surgical intervention. The plan of care includes prescription refill for Diclofenac.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac ER (extended release) 100 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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 Official disability guidelines Pain (Chronic) Chapter, Diclofenac.

Decision rationale: The patient presents with intermittent right shoulder pain, rated 4/10. The request is for DICLOFENAC ER (EXTENDED RELEASE) 100MG QTY 60. There is no RFA provided and the patient's date of injury is 05/04/13. The diagnoses are right shoulder labral tear, myofascial pain, and thoracic sprain/strain, rotator cuff tendonitis of the right shoulder, shoulder ganglion, acromioclavicular osteoarthritis, and status post right shoulder surgery (12/15/2014). Treatment to date has included medication management, X-rays, MRI studies, physical therapy, electrodiagnostic testing, TENS unit, home exercise program, and surgical intervention. Current medications include Diclofenac, Cyclobenzaprine, and Omeprazole. The patient is temporarily totally disabled. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac 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 don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Treater has not provided a reason for the request. Diclofenac ER was prescribed to the patient as early as 09/15/14, per provided medical reports. The treater does not note any improvement in function or reduction in pain due to its use. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports indicate whether or not the patient has utilized other NSAIDs. The request IS NOT medically necessary.