

<b>Case Number:</b>	CM15-0092598		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/01/2011
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 51-year-old, male who sustained a work related injury on 1/1/11. The diagnoses have included lateral epicondylitis and disorders of bursae and tendons in shoulder region. Treatments have included right shoulder surgery, physical therapy, rest and medications. In the SOAP Note dated 4/28/15, the injured worker complains of moderate, frequent pain in his neck, upper back, right shoulder, both elbows and right hand. He has pain that radiates down both arms. The pain is associated with tingling, numbness and weakness in the right hand. He rates his pain level a 4/10. At best, pain level is a 2/10 and at worst, pain level is 7/10. He states pain is worse with activity and exercising. Pain is relieved with medications and rest. The pain in his neck is 60% of his pain and pain in arm is 40% of pain. The right shoulder range of motion is decreased. He has a positive Hawkin's test and positive crossed arm adduction test. Motor strength in both arms is normal. He has tenderness to palpation over lateral epicondyle. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac XR (extended release) 100mg, #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Diclofenac Sodium (Voltaren, Voltaren-XR); NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- 9792.26. Also, 9792.24.1 Page(s): 67. Decision based on Non-MTUS Citation and ODG, pain section, under Diclofenac.

**Decision rationale:** This claimant was injured now four years ago. There were shoulder and elbow issues. The claimant is post surgery, and has continued pain in the neck, back, right shoulder, both elbows and the right hand. Although there is solid description of pain, and relief of pain, I note there is no evidence of objective functional improvement out of the medicine regimen. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Moreover, the MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Again, without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified. Also, regarding Diclofenac, the ODG notes: 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%. there was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was appropriately non-certified.

**Ultram 50mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications; Opioids, specific drug list - Tramadol (Ultram; Ultram ER; generic available in immediate release tablet); Opioids - Central acting analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: Pain interventions and treatments 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 12, 13, 83 and 113 of 127.

**Decision rationale:** This claimant was injured now four years ago. There were shoulder and elbow issues. The claimant is post surgery, and continued pain in the neck, back, right shoulder, both elbows and the right hand. Although there is solid description of pain, and relief of pain, there is no evidence of objective functional improvement out of the medicine regimen. Again, the MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Moreover, per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not certified.