

<b>Case Number:</b>	CM15-0093261		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	06/15/1997
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 60-year-old male, with a reported date of injury of 06/15/1997. The diagnoses include right shoulder impingement syndrome and status post distal clavicle excision. Treatments to date have included ice, heat, and home stretching and strengthening. The medical report dated 04/29/2015 indicates that the injured worker had persistent right shoulder pain. It was noted that he was a candidate for surgery or injection, which the injured worker wished to defer at the time. The objective findings include tenderness along the right shoulder rotator cuff and biceps tendon. There was documentation that the injured worker was not taking medications. The injured worker was retired. The treating physician recommended the avoidance of forceful pushing, pulling, and lifting. The treating physician requested Diclofenac Sodium ER 100mg #30 for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 100mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects Page(s): 22, 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac sodium 100 mg #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnosis is impingement syndrome of the right shoulder status both distal clavicle excision. The medical record contains 22 pages. The date of injury is June 15, 1997. The earliest progress note in the medical record (not necessarily the start date) shows Diclofenac 100 mg was prescribed by the treating provider. There are no pain scores in the medical record. A subsequent progress note dated April 2, 2015 (request for authorization same date) shows the treating provider continued to prescribe Diclofenac 100 mg. There are no other nonselective nonsteroidal anti-inflammatory drugs documented in the medical record. There is no clinical indication or rationale for diclofenac given its increased risk profile. Consequently, absent clinical documentation with a clinical indication and rationale for diclofenac given its increased risk profile and evidence of other nonselective nonsteroidal anti-inflammatory drug use (trial), Diclofenac sodium 100 mg #30 is not medically necessary.