Case Number:	CM17-0013320		
Date Assigned:	01/24/2017	**Date of Injury:**	11/23/2016
Decision Date:	02/21/2017	**UR Denial Date:**	12/30/2016
Priority:	Standard	**Application Received:**	01/19/2017

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: Indiana, 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 38 year old male, who sustained an industrial injury on 11-23-2016. The injured worker is undergoing treatment for neck, back and shoulder pain. Mechanism of injury occurred when the injured worker felt sharp, shooting pain in the right upper neck, shoulder and supper back while getting out of the car. Current work status is unclear. The treatment and diagnostic testing to date has included: MRI of the cervical spine, x-ray of the cervical spine show mild straightening of the cervical lordosis but no disk space narrowing, neural foramen appear patient on both sides, MRI of the cervical spine (12-2016), at least one session of physical therapy, medications and evaluations. Medications have included: Lyrica 75mg, Metaxalone 800mg, Medrol Dosepak, Diclofenac, and Diazepam. Physician progress notes dated 12-13-16, reported the injured worker presented for a follow up appointment. The physician documented the injured worker experienced an exacerbation of the low back from a previous back injury and was placed on a Medrol Dosepak which failed to have any effect on the low back, upper back or neck complaints. The injured worker has restarted Voltaren twice a day and continued to have 8 out of 10 pain that is sharp and stabbing in the upper back going all the way down the right arm. Objective findings: tenderness to palpation of the right cervical paraspinal extending down into the right trapezius along the medial and scapular border on the right side, cannot elicit any tenderness to palpation in the right shoulder, forward flexion to 170, abduction to 160, internal rotation to 85, pain with range of motion, some pain and weakness with cross-arm adduction testing but primarily in the trapezius and parascapular area but not really in the shoulder, impingement sign is negative, generalized weakness in the right arm, cannot isolate a specific

dermatome and unable to detect any decreased sensation to light tough in any of the dermatomes of the right arm. The physician documented the plan is for Lyrica 75mg in the morning and possibly 75mg at lunch time, resume Voltaren twice a day, reusable ice gel pack, MRI of the cervical spine and follow up in one week. The request for authorization is for Diclofenac-misoprostol 75-0.2mg #60 with 2 refills. The UR dated 12-30-16 non-certified the request for Diclofenac-misoprostol 75-0.2mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/misoprostol 75-0.2mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain: Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP. 3) Back Pain: Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. The treating physician does not document failure of primary (Tylenol) treatment. Importantly, ODG also states that diclofenac is "Not recommended as first line due to increased risk profile. If using diclofenac then consider discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." Medical documents indicate that the patient has been on diclofenac for at least several months, which given the treatment history does not appear to be the shortest duration possible. As such, the request is not medically necessary.