

Case Number:	CM13-0006919		
Date Assigned:	06/09/2014	Date of Injury:	06/15/2006
Decision Date:	07/31/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 68 year old female injured worker with date of injury 6/15/06 with related left shoulder pain. Per progress report dated 6/24/13, the injured worker had a history of left shoulder surgery x3, which included rotator cuff repair with loosening of the hardware, subsequently the hardware was removed surgically. MRI of the left shoulder dated 11/1/11 revealed: 1. Status post repair of the supraspinatus tendon with residual thinning and scarring of cuff tendon fibers but no through-and-through tear. There is a notable shallow articular surface tear of the conjoined tendon and a 1cm bone cyst at the tendon footprint. 2. Dropped anchor in the axillary pouch. 3. Deficiency of the intracapsular portion of the long biceps tendon. 4. Residual small subacromial process spur. A modified Mumford may have been performed. She has been treated with physical therapy, TENs unit, and medication management. The date of UR decision was 7/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS
Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Per the guidelines, there is no evidence supporting Diclofenac Sodium topical for use on the shoulder. Medical necessity cannot be affirmed.