

Case Number:	CM13-0054643		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2007
Decision Date:	03/17/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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:

According to the records made available for review, this is a 50-year-old female with a 10/15/07 date of injury. At the time of request for authorization for Diclofenac Sodium 1.5%, there is documentation of subjective (neck and right upper extremity pain; right wrist pain with numbness and tingling in the second and third digits of right hand; and throbbing pain over the right elbow radiating to the shoulder) and objective (well developed, well nourished, and ambulates to the examination room without assistance) findings. The current diagnoses include carpal tunnel syndrome and a lesion of the ulnar nerve. The treatment to date includes wrist brace and medications including Diclofenac Sodium 1.5% since at least 10/19/12 with benefit and improved function. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), failure of an oral NSAID or contraindications to oral NSAIDs, and utilization limited to short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5%, 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 111- 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-inflammatory Agents (NSAIDs) Section Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac Sodium

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Diclofenac Sodium 1.5%. The ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome and a lesion of the ulnar nerve. However, there is no documentation osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Furthermore, given documentation of Diclofenac Sodium 1.5% since at least 10/19/12, there is no documentation of short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac Sodium 1.5%, apply to the area three times a day, 60 grams is not medically necessary