

Case Number:	CM13-0068239		
Date Assigned:	01/03/2014	Date of Injury:	02/08/2013
Decision Date:	04/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation 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 54-year-old male who reported an injury on 02/08/2013. The mechanism of injury was not stated. The patient is currently diagnosed with right wrist distal radius fracture, status post open reduction percutaneous pinning, and right shoulder rotator cuff syndrome. The patient was seen by [REDACTED] on 11/01/2013. The patient reported persistent pain. Physical examination revealed limited range of motion and decreased sensation in the ulnar nerve distribution. Treatment recommendations included a prescription for diclofenac flex plus cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Diclofenac flex plus (diclofenac 10%/cyclobenzaprine 10% /Lidocaine 10%):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Lidocaine is indicated for neuropathic or localized peripheral pain after there has been evidence of a trial of

first line therapy. Diclofenac is indicated for the relief of osteoarthritis pain. Cyclobenzaprine is not recommended. As per the documentation submitted, the patient does not maintain a diagnosis of osteoarthritis or neuropathic pain. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. As guidelines do not recommend cyclobenzaprine as a topical product, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.