MAXIMUS Federal Services

Case Number:	CM14-0106835		
Date Assigned:	07/30/2014	Date of Injury:	02/24/2011
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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 injured worker is a 54-year-old female who reported an injury on 02/24/2011. The mechanism of injury was not provided for clinical review. The diagnoses included long-term use of medications, dystrophy - reflux sympathetic, adhesive capsulitis of the shoulder, bilateral moderate carpal tunnel syndrome, bilateral median motor and sensory mononeuropathy, and sleep disturbances. The previous treatments included medication and carpal tunnel injections. The diagnostic testing included a bilateral upper extremities EMG/NCV and MRI. Within the clinical note dated 06/27/2014, it was reported that the injured worker complained of chronic right upper extremity pain. She complained of pain along the anterior shoulder and along the top of the shoulder. The injured worker reported the pain would spread into her right upper arm. She rated her pain at 9/10 in severity. She complained of continued pain in the right forearm and hand. Upon physical examination, the provider noted the injured worker had pain to palpation along the anterior joint and AC joint. The range of motion was noted to be abduction at 90 degrees and forward flexion at 100 degrees. The provider noted the injured worker had a positive empty can test. The provider requested diclofenac sodium to reduce sensitivity of the right arm to touch and to help with neuropathic pain. However, the Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID.

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

Decision rationale: The request for diclofenac sodium 1.5% 60 gm #2 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular, that of the knee and/or elbow and other joints that amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014 which exceeds the guideline recommendations of short-term use. The guidelines also noted diclofenac is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. There is a lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis. Additionally, the request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.