

Case Number:	CM14-0113569		
Date Assigned:	09/16/2014	Date of Injury:	04/07/2011
Decision Date:	10/30/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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:

This is a 40-year-old woman that was bending over to pick up some boxes and when she stood up and was struck with a palette handle on April 7, 2011. In June of 2014, she stated she has 6/10 neck pain with radiation to the right arm and right shoulder pain. Her diagnoses include chronic pain syndrome, myalgia, myositis, cervical disc displacement, cervical neuritis and neuropathy. She has received some pain relief with a transcutaneous electrical nerve stimulation unit and is sensitive to many medications. In March 2014, a report by rehabilitation medicine specialist noted the worker demonstrated psychological factors as relating to her physical pain symptoms. In April 2014, a psychological assessment stated the worker as having tension, anxiety, worry, depression, inadequacy, low self-esteem, hopelessness and a sense of victimization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 3% and Bupivacaine 1% compound cream for right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

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

Decision rationale: Topical non steroidal anti-inflammatory drugs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety (Mason, 2004). Indications are osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain, as there is no evidence to support use. Voltaren Gel 1% (diclofenac) is 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. This worker has chronic musculoskeletal and myofascial pain without the diagnosis of arthritis. In addition, she has neuropathic pain. This injured worker does not meet the criteria for use of Voltaren gel. Therefore, the request is not medically necessary.