

<b>Case Number:</b>	CM14-0130884		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	11/21/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 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 24-year-old female who has submitted a claim for brachial plexus disorder and fibromyositis associated with an industrial injury date of 11/21/2013. Medical records from 11/21/2013 to 07/15/2014 were reviewed and showed that patient complained of left shoulder pain graded 6/10 with numbness of left upper extremity. Physical examination revealed tenderness over the rotator cuff, full ROM, negative impingement signs, and intact neurologic evaluation of left upper extremity. EMG of left upper extremity dated 02/11/2014 was unremarkable. MRI of the left shoulder dated 12/18/2013 revealed mild supraspinatus and infraspinatus tendinosis and mild subacromial bursitis. Treatment to date has included physical therapy, occupational therapy, arm brace, Neurontin, Lidoderm patches, Gabapentin, and Diclofenac 3% gel (prescribed 07/07/2014). Of note, there was no documentation of functional outcome from aforementioned treatments. Utilization review dated 07/15/2014 denied the request for Diclofenac 3% 100 gram topical gel; apply 2times a day #1. However, the rationale was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3% 100 gram topical gel, quantity of one:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

**Decision rationale:** According to CA MTUS Chronic Pain Treatment Guidelines, topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks). In this case, the patient was prescribed Diclofenac 3% gel since 07/07/2014 for left shoulder pain. However, the guidelines state that there is little evidence to support NSAIDs use for the shoulder. There was no documentation of intolerance or non-responsiveness to oral medications to support Diclofenac use as well. There is no clear indication for Diclofenac use at this time. Therefore, the request for Diclofenac 3% 100 gram topical gel, quantity of one is not medically necessary.