MAXIMUS Federal Services

Case Number:	CM14-0145919		
Date Assigned:	10/16/2014	Date of Injury:	02/24/2011
Decision Date:	11/18/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 injured worker is a 54 year old female with a date of injury on 2/24/2011. As per the report of 7/30/14, she complained of persistent right upper extremity pain radiated up into her shoulder region; however, the pain emanated from her hand and forearm. She has had diabetes and heart disease. Shoulder exam revealed pain to palpation along the anterior and acromioclavicular joint. Range of motion revealed abduction to 95, forward flexion to 100, and internal rotation to 30 degrees. Empty can test produced pain. Urine drug screen dated 7/30/14 was positive for tricyclic antidepressants. Right hand magnetic resonance imaging scan dated 5/23/11 revealed thickened second and the third metacarpophalangeal joint capsules suggesting fibrosis from prior trauma and minimal soft tissue edema. Bilateral upper extremity electromyogram dated 12/10/13 revealed abnormal electrodiagnostic study of the right upper extremity, bilateral moderate carpal tunnel syndrome and bilateral median motor and sensory mononeuropathy. She is currently on Hydrocodone bit/APAP, Lyrica, Trazodone, Diclofenac sodium cream, Ketamine cream, Aspirin, Carvedilol, Clopidogrel, Lisinopril, Metformin Hydrochloric Acid, Nitrostat, Simvastatin, Lipitor, and Sertraline Hydrochloric Acid. As per of the 7/08/14 report, oral Diclofenac was not recommended due to risk factors. She had failed Relafen secondary to heart disease and hypertension. She had tried several other analgesics such as Gabapentin without benefit and Topamax caused dizziness. She also had tried Buprenorphine sublingual troches and Vicodin without benefit. She reported heartburn on 4/18/14 and 5/30/14. She had physical therapy, stellate ganglion block on 10/21/11, and two steroid injections into the carpal tunnel region, but continued to be symptomatic. She had deferred spinal cord stimulator trial. She stated Norco, Diclofenac cream and Ketamine cream decreased her pain. Diagnoses include adhesive capsulitis shoulder, reflex sympathetic dystrophy of the upper limb, carpal tunnel syndrome, and sleep disturbances. The request for Diclofenac sodium 1.5% 60 gm #2 was denied on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5% 60gm #2: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. According to the MTUS Chronic Pain Medical Treatment Guidelines, that the only non-steroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical non-steroidal anti-inflammatory drug approved in the United States) provides clinically meaningful analgesia in osteoarthritis workers with a low incidence of systemic adverse events. In this case, there is no rationale as to why Diclofenac with concentration of 1.5% is requested, while Diclofenac (Voltaren) 1% gel for topical use is commercially available. Thus, the medical necessity of the requested cream is not established per guidelines.