

<b>Case Number:</b>	CM14-0023946		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/10/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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:

According to the records made available for review, this is a 47-year-old female with a 4/10/12 date of injury. At the time (2/17/14) of the Decision for Diclofenac 1.3% topical cream, 100GM, there is documentation of subjective (bilateral shoulder pain and weakness as well as lumbar spine pain radiating to the feet) and objective (tenderness to palpation over the shoulders, positive impingement sign and cross arm test, decreased shoulder range of motion, tenderness to palpation over the paravertebral muscles with spasms, positive sacroiliac stress test, positive straight leg raise bilaterally, and positive Fabere's/Gaenslen's) findings, current diagnoses (bilateral shoulder strain and impingement, right rotator cuff tendinitis/bursitis/tenosynovitis, bilateral sacroiliac joint sprain, cervical spine strain/sprain, myofascial pain syndrome, bilateral knee sprain, right ankle sprain, plantar fasciitis, bilateral wrist sprain, and deQuervain's syndrome), and treatment to date (medications (including topical NSAIDs since at least November of 2012)). There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), failure of an oral NSAID or contraindications to oral NSAIDs, Diclofenac topical cream used as second line treatment, short-term use (4-12 weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of topical NSAIDs use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 1.3% Topical Cream, 100GM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Diclofenac Sodium.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical Diclofenac cream. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of Diclofenac Sodium Gel. Within the medical information available for review, there is documentation of diagnoses of bilateral shoulder strain and impingement, right rotator cuff tendinitis/bursitis/tenosynovitis, bilateral sacroiliac joint sprain, cervical spine strain/sprain, myofascial pain syndrome, bilateral knee sprain, right ankle sprain, plantar fasciitis, bilateral wrist sprain, and deQuervain's syndrome. In addition, there is documentation of ongoing treatment with topical NSAIDs since at least November of 2012. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and failure of an oral NSAID or contraindications to oral NSAIDs. In addition, there is no documentation of Diclofenac topical cream used as second line treatment. Furthermore, given documentation of ongoing treatment with topical NSAIDs since at least November of 2012, there is no documentation of short-term use (4-12 weeks). Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of topical NSAIDs use to date. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac 1.3% topical cream, 100GM is not medically necessary.