

Case Number:	CM14-0080876		
Date Assigned:	07/18/2014	Date of Injury:	10/31/2013
Decision Date:	08/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/02/2014

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 43-year-old female with a October 31, 2013 date of injury. At the time of the request for authorization for Topical anti-inflammatory Diclofenac cream, there is documentation of subjective (continued pain in the upper extremities described as burning and aching, and difficulty performing activities of daily living) and objective (tenderness to palpation over the musculature of the arms and forearms) findings, current diagnoses (intractable bilateral upper extremity pain secondary to repetitive strain injury), and treatment to date (physical therapy, acupuncture, H-wave, activity modification, and oral medications). In addition, May 19, 2014 medical report identifies that the patient tried Motrin and reported GI upset with its use and does not want to take oral anti-inflammatory medications. There is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and an intention for short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical anti-inflammatory Diclofenac cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines July 18, 2009; Topical Analgesics Page(s): 111-113.

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, Diclofenac sodium.

Decision rationale: The 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 (four to twelve weeks), as criteria necessary to support the medical necessity of Diclofenac Sodium 1.5%. 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 a diagnosis of (intractable bilateral upper extremity pain secondary to repetitive strain injury. In addition, there is documentation of chronic bilateral upper extremity pain. Furthermore, given documentation that the patient tried Motrin and reported GI upset with its use and does not want to take oral anti-inflammatory medications, there is documentation of failure of an oral NSAID and Diclofenac being used as second line treatment. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and an intention for short-term use (four to twelve weeks). Therefore, based on guidelines and a review of the evidence, the request for topical anti-inflammatory Diclofenac cream is not medically necessary or appropriate.