

Case Number:	CM14-0096332		
Date Assigned:	07/25/2014	Date of Injury:	12/20/2010
Decision Date:	08/28/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52-year-old female who had a work related injury on 12/20/10. The mechanism of injury is cumulative trauma, pain in her right hand due to repetitive use on the computer keyboard. The injured worker has treated at an occupational health clinic and has had physical therapy and injections. Medications are Diclofenac Sodium 1.5% cream and occasional Relafen. The injured worker states that this does help to reduce some of her pain for better function. Pain is aggravated with lifting, grasping, and pulling and alleviated with the use of topical creams and the use of medication. Physical examination from 06/26/14 reveals a well-developed, well-nourished individual and in no cardiorespiratory distress. The injured worker is noted as alert and oriented times three. The injured worker ambulates to the examination room without assistance. Right wrist, there is positive tenderness to palpation at the wrist, worse on the medial side as compared to the lateral aspect. There is a positive Phalen's at the wrist on the right side. She has decreased grip on the right as compared to the left side. Finkelstein's test is mildly positive on the right. Diagnostic studies included a magnetic resonance imaging (MRI) of the right wrist without contrast on 01/30/14. There was a minimal amount of fluid in the second and third extensor compartment tendon sheath without signal alteration of the tendon. Degenerative changes at the first carpal metacarpal joint and a small ganglion cyst on the volar aspect of the radial scaphoid joint. Electromyography (EMG) of the right upper extremity on 05/14/13 presented electrodiagnostic evidence of moderate demyelinating median neuropathy at the right wrist. There is no electrodiagnostic evidence of a right upper extremity radiculopathy, plexopathy, or other mononeuropathy. The injured worker states that the pain level is at 3.5/10 with the use of medication, without medication the pain level is 6/10. Diagnoses include pain in joint hand; tenosynovitis of the hand and wrist; chronic pain; and DeQuervain's tenosynovitis. Prior utilization review on 06/17/14 denied the Diclofenac Sodium 1.5% cream. In reviewing the

submitted documentation, the injured worker has a history of excessive gastritis, vomiting, and bowel irregularity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% cream to affected area 3 times daily 60 grams QTY 1.00: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

Decision rationale: The request for Diclofenac sodium 1.5% cream to affected area three times daily 60 grams quantity of 1.00 is not medically necessary. Prior utilization review on 06/17/14 denied the Diclofenac Sodium 1.5% cream. Current guidelines state it is FDA-approved for osteoarthritis of the knee. Whereas Voltaren Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee, and wrist). As such, medical necessity has not been established.