

Case Number:	CM14-0187350		
Date Assigned:	11/17/2014	Date of Injury:	07/31/2014
Decision Date:	03/30/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury reported on 7/31/2014. She reported severe right and left forearm pain due to patient care. The diagnoses were noted to have included sprains and strains of shoulder and upper arm and multiple shoulder findings, without tear. Treatments to date have included consultations; diagnostic right shoulder magnetic resonance imaging study 10/2/14); 6 physical therapy sessions; modified duty; and medication management with Tylenol, due to intolerance to non-anti-inflammatories. The work status classification for this injured worker (IW) was noted to be on modified work duties, but was terminated from her job (as of the 10/7/2014 progress note). On 10/17/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 10///2014, for Diclofenac Gel 3% 40gm, to apply 4 x a day to the right shoulder. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical agents - salicylates; and the Official Disability Guidelines formulary, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac gel 3%, 40gm (apply 4x a day to the R shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs such as Diclofenac gel are indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, there is no indication of arthritis of the shoulder and long term use of topical NSAIDs for the shoulder has not been evaluated. As a result it is not medically necessary.