

Case Number:	CM14-0206534		
Date Assigned:	12/18/2014	Date of Injury:	06/16/2014
Decision Date:	02/13/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 42-year-old woman with a date of injury of 06/16/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 06/16/2014 indicated the worker was experiencing pain in both shoulders and both wrists. More recent clinical records were not submitted for review. The documented examination described tenderness in both shoulders, both wrists, and the bases of both thumbs and positive Finkelstein testing on both sides. The submitted and reviewed documentation concluded the worker was suffering from DeQuervains tenosynovitis with pain involving both sides, strain/sprain of both wrists, and bicipital tendonitis involving both shoulders with pain. Treatment recommendations included medications, heat/cold therapy, and wrist supports. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for 150 units of topical diclofenac 1.5% with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5%, 150 units with six refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed records indicated the worker was experiencing pain in both shoulders and both wrists. There was no discussion detailing special circumstances that would sufficiently support this request. In the absence of such evidence, the current request for 150 units of topical Diclofenac 1.5% with six refills is not medically necessary.