

Case Number:	CM14-0079216		
Date Assigned:	07/18/2014	Date of Injury:	10/31/2013
Decision Date:	01/30/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 Emergency Medicine, 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:

The 43 year old female injured worker suffered an industrial injury on 10/31/2013 due to repetitive use resulting in pain in both hands from typing. The accepted injury is to hands, wrists, shoulders, knees and neck. The current diagnoses included repetitive strain injury to the upper extremities. The treatments included TENS unit, medications, physical therapy, occupational therapy, massage, paraffin bath treatments, home exercise program and a splint. The provider's note of 4/24/2014 noted the injured worker reported complaints of pain in the bilateral upper extremities described as aching and burning. She reported improvement by massage, hot wax, H-Wave, physical therapy machine and heat treatment. The exam revealed tenderness on palpation of the muscles of the arms and forearms. An appeal letter dated 5/19/14 reports that patient had discontinued these medications and that the request was for retrospective request for diclofenac that was dispensed on 4/24/14. It notes that patient had over the counter ibuprofen but had stomach upset from it. It notes that patient did not want to take oral medications. The UR decision on 5/12/2014 noncertified the retrospective request for Diclofenac cream dated 4/24/2014 citing that topical anti-inflammatory medications there was no long term studies of effectiveness and safety. Also there was no documentation of intolerance of oral anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for date of service 04/24/2014 Topical anti-inflammatory Diclofenac cream #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 2012 Web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com)(updated 02/14/12)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac cream have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc. but has no evidence to support its use for the shoulder, spine or hip. Patient had some stomach upset with oral ibuprofen. A trial of topical NSAID such as topical diclofenac is appropriate and medically necessary.