

Case Number:	CM15-0100945		
Date Assigned:	06/03/2015	Date of Injury:	06/27/2013
Decision Date:	07/01/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female, with a reported date of injury of 06/27/2013. The diagnoses include right rotator cuff tear with early degenerative changes of the right acromioclavicular joint, and pain in shoulder joint. Treatments to date have included right arthroscopic rotator cuff repair and subacromial decompression on 04/09/2014; oral medications; topical pain medication; an MRI of the right shoulder on 07/31/2013 which showed mild proximal long biceps tendinosis, mild acromioclavicular joint arthrosis, a small amount of fluid in the subacromial/subdeltoid bursa, and a high grade interstitial tear of the anterior fibers of the supraspinatus tendon at the footprint superimposed on moderate tendinosis; manipulation of the right shoulder under anesthesia on 10/31/2014, with minimal benefit; and physical therapy. The visit note dated 05/08/2015 indicates that the injured worker continued to have right shoulder pain. She rated the pain 7 out of 10. The pain was made slightly better with rest and anti-inflammatories. The objective findings include normal muscle tone of the right upper extremity, and limited range of motion of the right shoulder. No other objective findings were documented. It was noted that the injured worker continued to use the medications for ongoing pain relief and functional benefit. The treating physician requested Diclofenac Sodium 1.5% 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gms #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Per Guidelines, Topical anti-inflammatory Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in 2013. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID for this patient with non-joint osteoarthritis. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Clinical exam is without acute changes, progressive deterioration, or report of flare-up for this chronic injury. The Diclofenac Sodium 1.5% 60gms #1 is not medically necessary and appropriate.