

Case Number:	CM15-0105496		
Date Assigned:	06/09/2015	Date of Injury:	02/29/2012
Decision Date:	07/10/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 53 year old male, who sustained an industrial injury on February 29, 2012, incurring right extremity injuries. He was diagnosed with a right wrist and hand sprain, right shoulder adhesive capsulitis and a right rotator cuff tear. Magnetic Resonance Imaging of the right shoulder performed in June 2013, revealed full thickness tear and acromioclavicular arthritis. X ray of the right wrist showed narrowing and degenerative arthropathy in the hand and wrist. Treatment included splinting, anti-inflammatory drugs, pain medications, analgesic topical ointment, physical therapy and work restrictions. Currently, the injured worker complained of persistent right hand, right wrist pain and right shoulder pain. Repetitive activities aggravated the pain making the injured worker nauseous with movements. The treatment plan that was requested for authorization included a prescription for Diclofenac solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sol 1.5% Supply: 10 Qty: 150 Refills: 0 Rx date: 05/02/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: Diclofenac sol 1.5% Supply: 10 Qty: 150 Refills: 0 Rx date: 05/02/2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has been using Diclofenac topical analgesics (dating back to at least December 2014) without evidence of significant functional improvement. The MTUS does not recommend this medication long term. The request for Diclofenac sol 1.5% is not medically necessary.