

<b>Case Number:</b>	CM15-0106458		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/16/2008
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: Texas, 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 74 year old female who sustained an industrial injury on 09/16/08. Initial complaints and diagnoses are not available. Treatments to date include medications and 2 hand surgeries. Diagnostic studies are not addressed. Current complaints include left upper extremity pain on 4/1/15 with numbness, tingling and radiation of pain. Current diagnoses include pain in the hand joint. In a progress note dated 04/01/15, the treating provider reports the plan of care as medications including Tylenol and diclofenac cream. The patient has had history of heartburn. Physical examination of the left hand revealed muscle atrophy and tenderness on palpation. The requested treatment is diclofenac cream. Patient had received CPP for this injury. The medication list includes Nabumatone, pantoprazole, Lisinopril, Amlodopine, Tylenol and Aspirin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5 Percent 60 Gram #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

**Decision rationale:** Request: Diclofenac Sodium 1.5 Percent 60 Gram #1. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. The request of Diclofenac Sodium 1.5 Percent 60 Gram #1 is not medically necessary for this patient.