

Case Number:	CM15-0136140		
Date Assigned:	07/24/2015	Date of Injury:	06/27/2013
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49 year old female, who sustained an industrial injury on 6/27/2013. She reported acute right shoulder pain from lifting activity. Diagnoses include pain in joint, shoulder, rotator cuff tear, status post repair and subsequently manipulation under anesthesia, and chronic pain. Treatments to date include medication therapy, physical therapy. The medical records documented a history of stomach upset and nausea secondary to the use of oral medications. Currently, she complained of ongoing pain in the right shoulder and right lateral rib cage. She was noted to be doing home exercises. On 4/30/15, the physical examination documented a restricted range of motion and decreased strength. The appeal requested authorization of Diclofenac Sodium 1.5% topical cream, apply to affected area three times a day, 60 grams #1 retrospectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60 gram Qty 1 (retrospective DOS 4/10/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Topical analgesics Page(s): 111-112.

Decision rationale: With regard to topical NSAIDs, MTUS states, "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: 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. Topical diclofenac specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. As it is not recommended for the shoulder, the request is not medically necessary.