

<b>Case Number:</b>	CM15-0137455		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	09/01/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 29-year-old who has filed a claim for chronic shoulder, elbow, hand, and wrist pain reportedly associated with an industrial injury of September 1, 2013. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for topical diclofenac. A June 15, 2015 RFA form and an associated progress note of May 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant reported 8/10 chronic left upper extremity pain without medications versus 5/10 with medications. The applicant was not working, it was acknowledged. The note was quite difficult to follow as it had been truncated because of repetitive photocopying and faxing. The full note was not provided and was mingled with a number of Utilization Review reports. In an appeal letter dated July 22, 2015, the attending provider appealed requests for topical diclofenac and oral Protonix. The applicant was also using oral Norco, Relafen, and Neurontin, it was reported. The attending provider stated that Protonix was being employed for cytoprotective effect. The applicant's shoulder was apparently the primary pain generator, it was suggested. On May 15, 2015, the applicant presented on ongoing complaints of shoulder, neck, hand, and wrist pain, it was reported. The applicant was on Relafen, Protonix, Neurontin, a ketamine-containing cream, Norco, and topical diclofenac, it was reported. The applicant was given diagnoses of injury of ulnar nerve, shoulder pain, and hand pain. Permanent work restrictions were renewed. The applicant had undergone earlier shoulder surgery, it was reported, and had received functional restoration program. It was not

clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diclofenac sodium 1.5% 60gram #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 112; 112.

**Decision rationale:** No, the request for topical diclofenac was not medically necessary, medically appropriate, or indicated here. The applicant was given diagnoses of chronic shoulder pain status post shoulder surgery, de Quervain tenosynovitis and ulnar nerve injury. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac had not been evaluated for treatment of the shoulder, i.e., one of the primary pain generators here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical NSAIDs, as a class, are not recommended in the treatment of neuropathic pain. Here, the applicant was given a diagnosis of ulnar nerve injury, i.e., a diagnosis associated with neuropathic pain. It was not clearly stated, in short, why topical diclofenac was being endorsed for body parts and/or diagnoses, namely shoulder pain and ulnar nerve pain, for which it had not been evaluated or is not recommended, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.