MAXIMUS Federal Services

Case Number:	CM15-0142660		
Date Assigned:	08/14/2015	Date of Injury:	01/28/2013
Decision Date:	09/21/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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, 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 39 year old female who sustained an industrial injury on 01/28/2013. Current diagnoses include pain in joint-shoulder and carpal tunnel syndrome. Previous treatments included medications, physical therapy, left wrist brace, median nerve block and peripheral nerve block in the right hand, surgical intervention, and chiropractic treatment. Report dated 06-29-2015 noted that the injured worker called the office for a refill of medication. The physician noted that the injured worker has been compliant with medications. Verbal instructions were given and the medication was dispensed and mailed. Report dated 07/14/2015 noted that the injured worker presented for follow up of chronic right shoulder pain. The injured worker continues to have neck pain with radiation. Other complaints included bilateral wrist pain. The injured worker noted that the diclofenac cream decreases her cervicobrachial pain by 20%. Physical examination was positive for tenderness to palpation of the right cervicobrachial region, right cervical paraspinous musculature, and right trapezius, Finkelstein's test was positive in the wrist, and tenderness to palpation of the left wrist first dorsal compartment. Current medications include Capsaicin cream, diclofenac cream, and gabapentin. The treatment plan included request for gabapentin, and follow up in 4 weeks. The injured worker is on modified work duty, and if modified work duty is not available then she is temporary totally disabled. Report dated 06-16- 2015 noted that previously the injured worker was using oral non-steroidal anti-inflammatories, but was not able to tolerate the nabumetone secondary to both gastrointestinal upset and also feeling that the medication made her depressed. Disputed treatments include diclofenac sodium 1.5%, 50 gram TID (three times per day), #2. An appeal letter dated July 6, 2015 states that topical diclofenac reduces the patient's pain from10/10 to

8/10 and helps her perform household chores such as laundry and lifting things. Her quality of life is improved and she has no side effects from its use. The patient complains of G.I. complications such as abdominal pain with the use of oral NSAIDs.

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 50 gram tid #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for topical Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is identification that the patient has obtained analgesic effect and objective functional improvement from the use of topical Diclofenac. Additionally, there is documentation that the patient has been unable to tolerate oral NSAIDs and that the topical Diclofenac is for prn use only. As such, the currently requested topical Diclofenac is medically necessary.