

Case Number:	CM15-0145215		
Date Assigned:	08/06/2015	Date of Injury:	08/03/2013
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on 8-3-13. The injured worker has complaints of chronic right shoulder pain and left shoulder pain. examination of the right shoulder showed abduction and flexion of 160 degrees, external rotation is full at 90 degrees and internal rotation is limited around 50 degrees with a positive Hawkins signs with internal rotation and a positive Neer sign on the right. The diagnoses have included stiffness joint not elsewhere classified, shoulder; sprain strain rotator cuff; pain in joint shoulder and pain in joint lower leg. Treatment to date has included physical therapy; naproxen; protonix; tramadol; anti-inflammatory cream and magnetic resonance imaging (MRI) of the right shoulder on 12-8-13 showed cuff tendinosis, chronic wear of the labrum, tiny paralabral cyst posterior inferior quadrant, minor cystic remodeling of the anteroinferior glenoid rim. The request was for diclofenac sodium 1.5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Diclofenac sodium 1.5% cream is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID's have the potential to raise blood pressure in susceptible patients. The injured worker has chronic right shoulder pain and left shoulder pain. examination of the right shoulder showed abduction and flexion of 160 degrees, external rotation is full at 90 degrees and internal rotation is limited around 50 degrees with a positive Hawkins signs with internal rotation and a positive Neer sign on the right. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Diclofenac sodium 1.5% cream is not medically necessary.