

Case Number:	CM15-0146870		
Date Assigned:	08/07/2015	Date of Injury:	07/15/2003
Decision Date:	09/04/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/28/2015

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: Arizona, 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 61 year old female who sustained an industrial/work injury on 7-15-03. She reported an initial complaint of left hand, arm, and wrist pain. The injured worker was diagnosed as having cervical disc displacement without myelopathy, carpal tunnel syndrome, and partial tear of rotator cuff. Treatment to date includes medication and diagnostics. MRI results were reported on 1-2-07, 2-29-12 and 9-20-12. X-ray results were reported on 2-3-13. EMG-NCV (electromyography and nerve conduction velocity test) was done on 4-9-10. Currently, the injured worker complained of chronic left upper extremity pain (left wrist and shoulder) that was rated 7-8 out of 10 that increased due to activities. A left elbow brace and left wrist brace was ordered. Per the primary physician's report (PR-2) on 6-16-15, exam notes antalgic gait, tenderness to left wrist, and diffuse left elbow lateral epicondylar region. The requested treatments include Diclofenac Sodium 1.5% 60gm 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% 60gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are 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. Diclofenac is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant had been on topical Diclofenac along with numerous other topical analgesics for several months. There is insufficient evidence to support the chronic use of multiple topical analgesics. The Diclofenac is not medically necessary.