

Case Number:	CM15-0149426		
Date Assigned:	08/13/2015	Date of Injury:	06/26/2013
Decision Date:	09/29/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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 44 year old, female who sustained a work related injury on 5-26-15. The diagnoses have included carpal tunnel syndrome, pain in right shoulder joint and right cervicobrachial syndrome. Treatments have included oral medications, topical medicated cream, physical therapy and home exercises. In the Visit Note dated 1-2-15, the injured worker reports chronic right wrist and right shoulder pain. Pain is worse with increased activity such as repetitive gripping and grasping, pushing and pulling and activities done above shoulder level. She reports pain in the right side of her neck as well but this is limited to radiating pain into the right shoulder girdle. She has pain and paresthesias in the right hand associated with carpal tunnel syndrome even though she had a carpal tunnel release in the past. On physical exam, she has generally full range of motion in right wrist. Grip strength is decreased to 4+ out of 5 with right hand compared to left hand grip. She has tenderness to palpation over the right acromioclavicular joint and with cross arm test. She has full range of motion in all planes in the right shoulder. Impingement sign and Spurling test are negative. She is working modified duty. The treatment plan includes a refill of Diclofenac cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Diclofenac Sodium 1.5% 60g #2 (DOS 01/02/15): Upheld

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

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)." Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. While it is noted that the injured worker presents with right upper extremity pain with numbness and tingling originating in the shoulder radiating down the right upper extremity, the injured worker has been using this medication since at least 1/2015. As it is only recommended for short-term use, 4-12 weeks, and therefore is not medically necessary.