

<b>Case Number:</b>	CM15-0149846		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 44 year old female, who sustained an industrial injury on November 26, 2013. Treatment to date has included acupuncture, medications, NSAIDS, MRI of the cervical spine and physical therapy. An evaluation on June 17, 2015 revealed the injured worker complained of neck and left upper extremity pain. She notes neck pain with radiation of pain to the left upper extremity and has associated numbness and tingling of the first two digits. She states she has constant pins and needles sensation in the left index finger and is bothered by nighttime symptoms. Her pain is made worse with flexion of the neck, extended abduction of the left upper extremity and with holding objects. Her pain is made slightly better with anti-inflammatories. Her pain is aggravated with driving for longer than 45 minutes and with prolonged sitting. On physical examination, the injured worker has tenderness to palpation over the left shoulder and left neck. Her current medication included diclofenac sodium 1.5% cream, Anaprox and Protonix. The diagnoses associated with the request include cervical spondylosis without myelopathy, neck pain, and cervicobrachial syndrome. The treatment plan includes acupuncture therapy, Topamax, continuation of Diclofenac sodium, Anaprox and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Diclofenac Sodium 1.5%, 60gm (DOS: 07/02/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Topical NSAIDs, Voltaren Gel, Pennsaid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic 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 was on the Diclofenac for at least a month. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS and the claimant was simultaneously on oral Naproxen. The topical Diclofenac is not medically necessary.