

Case Number:	CM15-0185355		
Date Assigned:	09/25/2015	Date of Injury:	03/24/2011
Decision Date:	11/10/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/21/2015

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 37 year old female who sustained an industrial injury on 3-24-11. A review of the medical records indicates she is undergoing treatment for cervical spine degenerative disc disease C4-5 with left neural foraminal narrowing and left shoulder subacromial impingement - status post arthroscopy on 5-21-15. Medical records (5-23-15 to 8-4-15) indicate progression in improvement of symptoms since surgery on 5-21-15. She continues to complain of "constant stiffness and tension" of the left side of her neck, which radiates to the left shoulder. She also complains of "burning and aching," as well as swelling on the top of the left wrist. She reports that the swelling is more evident when she removes her brace (8-4-15). The physical exam (8-4-15) reveals mild tenderness to palpation over the biceps tendon, forward flexion is 100 degrees and adduction is 95 degrees. No pain is noted with gentle range of motion of the shoulder. Strength is "5 out of 5" bilaterally of upper extremities. Sensation is noted to be "intact." Treatment since surgery has included the use of a wrist brace, pain medications, and physical therapy. Prior diagnostic studies included x-rays, a CT scan, and MRI of unidentified locations, an EMG-NCV of bilateral upper extremities, and an MRI of the left wrist. The treatment recommendations (8-4-15) include weaning out of the wrist splint, transitioning physical therapy to a home exercise program, and medications, including a topical gel, Diclofenac 1% - apply twice daily as needed to painful areas. The utilization review (8-19-15) indicates a request for Diclofenac gel 1% 1 tube with 1 refill. The treatment request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Gel 1% 1 tube with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The requested Diclofenac Gel 1% 1 tube with 1 refill 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 NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has "constant stiffness and tension" of the left side of her neck, which radiates to the left shoulder. She also complains of "burning and aching", as well as swelling on the top of the left wrist. She reports that the swelling is more evident when she removes her brace (8-4-15). The physical exam (8-4-15) reveals mild tenderness to palpation over the biceps tendon, forward flexion is 100 degrees and adduction is 95 degrees. No pain is noted with gentle range of motion of the shoulder. Strength is "5 out of 5" bilaterally of upper extremities. 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 Gel 1% 1 tube with 1 refill is not medically necessary.