

Case Number:	CM15-0188148		
Date Assigned:	09/30/2015	Date of Injury:	09/13/2012
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/24/2015

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 43 year old female, who sustained an industrial injury on 9-13-12. The injured worker was diagnosed as having wrist contusion. Treatment to date has included a right wrist MRI on 1-7-13 showing a ganglion cyst at the surface of the lunate and Diclofenac cream. As of the PR2 dated 8-24-15, the injured worker reports chronic right hand and wrist pain that increases with repetitive use. She also has intermittent numbness and tingling in the fourth and fifth digits of the right hand. The treating physician noted that the injured worker was prescribed Diclofenac topical at her last visit due to "significant GI upset" with oral medications. Objective findings include normal muscle and tone without atrophy in the right upper extremity. The treating physician requested Diclofenac 1.5% 60g #2. The Utilization Review dated 9-2-15, non-certified the request for Diclofenac 1.5% 60g #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60g #2: 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: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Provider's letter of appear states that patient has GI intolerance to oral NSAIDs and only reportedly uses small amounts for hand. There is reported of subjective improvement in function with this product. However, the documentation fails to appropriately document decrease in objective pain measures or documentation of objective measures in functional status such as ADLs, return to work etc. Documentation is too subjective and vague to meet guideline requirement. The number of requested tubes is also not consistent with short term intermittent use. 2 tubes are not necessary if patient is using it as documented. Requested diclofenac gel is not medically necessary.