

<b>Case Number:</b>	CM15-0197461		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 64 year old male who sustained an industrial injury 10-07-09. A review of the medical records reveals the injured worker is undergoing treatment for pain in the joint of the lower leg and generalized osteoarthritis of the lower leg. Medical records (08-31-15) reveal the injured worker reports "improved" range of motion in the shoulder and "decreased" pain, as well as pain in both knees and pain in the left heel. He also reports "more aching" in the back and pain and cramping down the posterior thigh. The pain is not rated. The physical exam (08-31-15) reveals the injured worker is anxious and is "in pain". Diffuse tenderness is noted in the left shoulder, atrophy is noted in the left upper extremity, and the left upper extremity strength is 3-4/5. Prior treatment includes left shoulder surgery (01-15) and medications. The original utilization review (09-08-15) non-certified the request for Diclofenac 1.5% 60 grams with 2 refills. The documentation supports the injured worker has been on Diclofenac cream since at least 08-04-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5% 60 gm cream #2 tubes: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Diclofenac Topical.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Flector patch, which is topical Diclofenac. According to the ODG, Pain section, Diclofenac Topical, it is not recommended as a first line treatment but is recommended for patients at risk for GI events from oral NSAIDs. In this case the exam note from 8/31/15 does not demonstrate prior adverse GI events or intolerance to NSAIDs. Given the lack of documentation of failure of oral NSAIDs or GI events, the determination is for non-certification.