

<b>Case Number:</b>	CM15-0028926		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/04/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Georgia, California, Texas  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 29 year old female, who sustained an industrial injury on 3/4/2012. She reports left upper extremity injury. Diagnoses include radius/ulna fracture, lumbar sprain/strain, headache and radial nerve lesion. Treatments to date include open reduction-internal fixation of the left radius and ulna, physical therapy and medication management. A progress note from the treating provider dated 9/22/2014 indicates the injured worker reported left upper extremity pain and left forearm and wrist pain. On 1/12/2015, Utilization Review non-certified the request for Diclofenac Sodium 1.5% 60 gram cream #10 (9/22/2014), citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC SODIUM 1.5% 60GRM CREAM #10 DOS: 9/22/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

**Decision rationale:** MTUS recommends topical NSAIDs for short-term use (4-12 weeks) for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. The duration of use of topical diclofenac documented in this case exceeds MTUS recommendations. In a 01/27/15 letter, the treating physician stated that diclofenac cream is to reduce use of oral nabumetone, so as to minimize potential gastrointestinal side effects. However, decreased use of nabumetone with concurrent topical diclofenac is not reflected in the office notes. The clinical records indicate that injured worker has been continuing to receive refills for nabumetone 500 mg one every 12 hours #90 along with refills for topical diclofenac at office visits each 4-6 weeks. In addition, functional improvement is not documented with the current medication regimen. Based upon the submitted clinical documentation and MTUS recommendations, medical necessity is not established for the requested topical diclofenac cream.