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| Case Number: | CM15-0211319 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 09/19/2006 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 9-19-2006. The injured worker was being treated for carpal tunnel syndrome and diabetes. The injured worker (7-13-2015 and 9-4-2015) reported ongoing bilateral hand pain. He reported improvement of the left hand pain since surgery. He reported (9-4-2015) increased pain at the base of the right thumb over the past 4 weeks. The physical exam (7-13-2015) did not include an assessment of the bilateral hands. The physical exam (9-4-2015) revealed tenderness to palpation at the metacarpal joint at the base of the right thumb and full right thumb range of motion. The electromyography of the bilateral upper extremities (dated 6-24-2009) stated there was moderate bilateral median mononeuropathy at the right greater than left wrist and findings that are likely due to diabetic polyneuropathy. Surgeries to date have included bilateral carpal tunnel releases in 2006, a right thumb trigger finger release in 2008, and status post revision of bilateral carpal tunnel release and left thumb trigger release on 4-22-2015. Treatment has included postoperative physical therapy for the left hand, a home exercise program, and medications including anti-epilepsy and oral non-steroidal anti-inflammatory. Per the treating physician (9-4-2015 report), the injured worker was permanent and stationary and was released to unrestricted work. On 9-21-2015, the requested treatments included Diclofenac Sodium 1.5% cream. On 9-28-2015, the original utilization review non-certified a request for Diclofenac Sodium 1.5%.

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 gram apply TID: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in September 2006 while working as a mechanic. He had bilateral carpal tunnel release surgery in 2006 and right thumb trigger finger release surgery in 2007. He underwent left third and fourth trigger finger release surgery in April 2015. His past medical history includes diabetes and hypertension. He had postoperative physical therapy with completion of nine treatments as of 06/12/15. When seen in September 2015 he had continued left hand improvement since surgery. He was no longer taking gabapentin. He was having increased pain at the base of his right thumb worsening over the previous four weeks after increasing his activity. Physical examination findings included tenderness at the base of the metacarpal joint. There was full range of motion. Finkelstein and Tinel's testing was negative. Authorization for physical therapy was requested. Gabapentin was discontinued. Topical diclofenac was prescribed. The treatment plan references avoiding oral medications due to a history of possible elevation of liver or kidney enzymes. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has hypertension and diabetes with a history of possible adverse effects from prior oral medication use. He has localized right thumb pain that would likely be amenable to topical treatment. Generic medication is available. This request for topical diclofenac is medically necessary.