

<b>Case Number:</b>	CM15-0221659		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 12-03-2012. The injured worker is currently able to return to modified work. Medical records indicated that the injured worker is undergoing treatment for lesion of ulnar nerve, left shoulder rotator cuff strain, left shoulder impingement syndrome, rotator cuff tendinopathy, ulnar neuropathy. Treatment and diagnostics to date has included corticosteroid injections physical therapy, home exercise program, ulnar nerve surgery, left shoulder surgery, and medications. Recent medications have included Diclofenac 1.5% (prescribed on 10-19-2015), Relafen, Ibuprofen, Tramadol-Acetaminophen, Metformin, and Simvastatin. Subjective data (08-10-2015 and 10-19-2015), included pain in the neck, left shoulder, and distal upper extremity with numbness and tingling. Objective findings (10-19-2015) included pain with motion of the left shoulder in abduction at 75 degrees and tenderness on palpation. The Utilization Review with a decision date of 10-30-2015 non-certified the request for Diclofenac Sodium 1.5% 60g. The patient sustained the injury when he was working underneath a car. On review of systems the patient does not have any complaints of gastrointestinal tract.

### 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:** Upheld

**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:** Diclofenac Sodium 1.5%, 60g. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Diclofenac Sodium is NSAID. As per the cited guideline non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications was not specified in the records provided. Evidence of diminished effectiveness of medications was not specified in the records provided. The request for Diclofenac Sodium 1.5%, 60g is not medically necessary.