

Case Number:	CM15-0042394		
Date Assigned:	03/12/2015	Date of Injury:	05/02/2014
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/06/2015

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: Physical Medicine & Rehabilitation

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 35 year old female, who sustained an industrial injury on 5/2/2014. She reported a shoulder injury while packing food on a commuter belt. The injured worker was diagnosed as having a rotator cuff sprain/strain, cervico-brachial syndrome, lumbar sprain/strain, thoracic sprain/strain and hand/wrist tenosynovitis. Treatment to date has included 24 sessions of physical therapy and medication management. Currently, a progress note from the treating provider dated 1/12/2015 indicates the injured worker reported right shoulder pain, right upper extremity pain and neck pain relieved with medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm, SIG; apply to affected area 3 times a day Qty 1.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient presents with right shoulder, right upper extremity, and neck pain. The physician is requesting DICLOFENAC SODIUM 1.5% 60 G, SIG APPLY TO AFFECTED AREA THREE TIMES A DAY QUANTITY ONE. The RFA from 02/04/2015 shows a request for one diclofenac sodium 1.5% 60g SIG apply to infected area three times a day quantity one. The patient's date of injury is from 05/02/2014 and she is currently on modified duty. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short term use, between 4-12 weeks. It is indicated for patient with Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The records show that the patient was prescribed diclofenac sodium cream since 06/26/2014. The 02/10/2015 progress report shows that the patient uses diclofenac on an intermittent, as needed basis with "excellent benefits." The patient no longer uses tramadol. In this case, while the physician has noted medication efficacy, topical NSAIDs are only indicated for patients with osteoarthritis and tendinitis of the knee, elbow or other joints. It is not indicated for the spine, hip or shoulder. The request IS NOT medically necessary.