

Case Number:	CM15-0042919		
Date Assigned:	03/16/2015	Date of Injury:	11/26/2013
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 44-year-old female sustained an industrial injury to the neck and left upper extremity on 11/26/13. Previous treatment included physical therapy, medications, trigger point injections, bilateral upper extremity electromyography/nerve conduction velocity test, chiropractic therapy, acupuncture and functional restoration program participation. In a visit note dated 11/19/14, the injured worker reported that she was extremely sensitive to medications and had only been taking ibuprofen sparingly due to gastrointestinal upset. The injured worker reported using topical cream with benefit instead. Physical exam was remarkable for left shoulder with pain upon range of motion in external rotation. Current diagnoses included cervical spondylosis without myelopathy, neck pain and cervicobrachial syndrome. The treatment plan included 6 sessions of physical therapy, diclofenac sodium cream up to three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) diclofenac sodium 1.5% 60 gm (DOS: 11/19/2014):
 Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2013. Per the guidelines; topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical diclofenac in this injured worker, the records do not provide clinical evidence to support medical necessity.