

Case Number:	CM15-0043504		
Date Assigned:	03/13/2015	Date of Injury:	01/04/2012
Decision Date:	04/23/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Connecticut, California, Virginia
 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 52 year old female, who sustained an industrial injury on January 4, 2012. She reported neck, right shoulder and right wrist pain. The injured worker was diagnosed as having cervical pain, anxiety and shoulder pain. Treatment to date has included radiographic imaging, diagnostic studies, pain medications and a home exercise program. Currently, the injured worker complains of pain and stiffness in the neck, right shoulder and right wrist. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was noted to use pain medications as needed and to use a home TENS unit with good relief. It was noted she was not interested in other therapies at this time and that she was not interested in trigger point injections. It was reported she had difficulty getting pain medications and that she continued to work. Evaluation on January 29, 2015 revealed constant pain per subjective report. It was noted her pain medications continued to be denied as ordered. Topical medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Pennsaid 1.5% QTY 1 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287- and 288. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: The MTUS lists diclofenac sodium gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The patient has been treated for several months with topical Pennsaid without strong objective evidence of functional improvement. There is lack of evidence for use of this topical in the surface regions of this patient's complaints (neck and shoulder) with some evidence to support use in the wrist. Of critical importance, however, the patient is noted to be taking oral NSAIDs which have been certified by utilization review. Continued use of topical diclofenac in conjunction with oral NSAIDs is contraindicated, and therefore the request is not medically necessary.