

<b>Case Number:</b>	CM15-0051001		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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, 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 32-year-old female with an industrial injury dated 05/02/2014. Her diagnoses includes sprain/strain rotator cuff, Cervicobrachial, sprain/strain lumbar region, sprain/strain thoracic region. Prior treatment includes physical therapy, acupuncture, MRI and medications. She presents on 02/10/2015 with pain in her right shoulder, right upper extremity pain, and neck pain. Physical exam revealed range of motion of the right shoulder was limited in abduction and flexion. The physician was requesting massage therapy and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of massage therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Code of Regulations, Title 8, and Effective July 18, 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the patient has documented myofascial pain in the shoulder and neck region, and the patient has had the maximum number of physical therapy without significant improvement in pain or function. A trial massage therapy is reasonable as it may help to reduce medication intake and help reducing her pain. Furthermore, the guideline supports to a trial of up to 6 visits. Therefore, this request is medically necessary.

**Diclofenac sodium 1.5%, 60 gms Qty 1 for DOS 2/4/15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Nsaids Page(s): 111-112.

**Decision rationale:** Regarding the request for Diclofenac Sodium 1.5% topical, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is indication that the patient has had beneficial analgesic effect in terms of reduction in pain, and objective functional improvement from the use of Diclofenac 1.5% topical. However, there is no documentation that the patient is unable to tolerate oral NSAIDs, as the patient is concurrently taking Nabumetone without documented adverse effects. Furthermore, the Diclofenac topical treatment has been used for a prolong period which is not recommended by the guidelines. Therefore, the currently requested Diclofenac 1.5% topical is not medically necessary.