

Case Number:	CM15-0084124		
Date Assigned:	05/06/2015	Date of Injury:	03/04/2012
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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: Arizona, 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 29 year old female, who sustained an industrial injury on March 4, 2012, injuring her left forearm and back after a slip and fall. She was diagnosed with cervicocranial syndrome, radial nerve lesion, lumbar sprain and a fractured radius and ulna. She underwent a surgical open reduction and internal fixation of the left radius and ulna. Treatment included physical therapy, chiropractic sessions, and pain management. Electromyography studies revealed mild to moderate left radial sensory mononeuropathy. Currently, the injured worker complained of continued left upper extremity, and wrist pain and numbness with shaking spasms in the hand. The treatment plan that was requested for authorization included a prescription for retrospective Diclofenac Sodium anti-inflammatory cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Diclofenac Sodium 1.5 Percent, 60 Gram - Anti-Inflammatory Cream #1 DOS
1/19/15: Upheld**

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are 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 cream is a topical NSAID analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on oral NSAIDS and opioids. The claimant did not have the above diagnoses. The topical Diclofenac can reach systemic levels similar to oral NSAIDS. There was no indication for adding additional medications in oral form. The request for topical Diclofenac is not medically necessary.