

Case Number:	CM15-0089531		
Date Assigned:	05/13/2015	Date of Injury:	01/28/2013
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 39 year old female, who sustained an industrial injury on 1/28/13. She reported initial complaints of left elbow pain The injured worker was diagnosed as having left carpal tunnel syndrome; other disorders related to psychological factors; pain involving right shoulder region; chronic myofascial pain syndrome. Treatment to date has included status post left elbow ulnar nerve transposition surgery; right hand median nerve and stellate ganglion blocks (x5) /peripheral nerve block (11/21/13) status post right shoulder arthroscopic subacromial decompression/rotator cuff debridement (3/26/15); physical therapy; chiropractic therapy; medication. Diagnostics included EMG/NCV upper extremities (5/29/14); MRI right wrist (9/3/14). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker was in this office as a follow-up of chronic right shoulder pain. She is a status post right shoulder arthroscopic subacromial decompression/rotator cuff debridement of 3/26/15. She states her shoulder feels good but she is still in pain and it feels heavy. She has started physical therapy and states she is very sore after the first visit. She was authorized for 12 sessions. She continues to have left wrist pain with numbness and tingling in the hand. She is taking ibuprofen for pain and inflammation and indicates improvement of pain and inflammation with topical Diclofenac and a decrease in neuropathic symptoms with the use of gabapentin at bedtime which helps her sleep. His treatment plan includes continuing physical therapy and follow-up with surgeon for right shoulder. Left wrist he will continue to monitor and feels she may have DeQuervain's tenosynovitis. He is requesting a wrist brace. He is requesting Diclofenac Sodium 1.5% 60gm #2.

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 #2: 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 39 year old female with an injury on 01/28/2013. She has left carpal tunnel syndrome and had left elbow surgery and right shoulder surgery. She had the right shoulder subacromial decompression with rotator cuff debridement on 03/26/2015. There is no documentation of osteoarthritis. MTUS, Chronic Pain, topical analgesics guidelines note that the efficacy of topical NSAIDS has been inconsistent. Diclofenac topical may provide symptomatic relief for osteoarthritis of the hand, wrist, elbow and knee but not the shoulder or back. Again, the patient does not have osteoarthritis and topical Diclofenac is not medically necessary. She is taking an oral NSAIDS.