

Case Number:	CM14-0183821		
Date Assigned:	11/10/2014	Date of Injury:	07/20/2007
Decision Date:	12/15/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 07/20/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included reflex sympathetic dystrophy of the upper limb, complex regional pain syndrome. Previous treatments included medication, surgery, psychiatric sessions, and ganglion blocks. Within the clinical note dated 10/21/2014, it was reported the injured worker complained of pain rated 10/10 in severity. She described the pain as constant, intermittent, aching, cramping, dull, sharp, burning, pressure like, throbbing, tingling, and numb. Upon the physical examination, the provider noted the injured worker had generalized tenderness. A request was submitted for diclofenac topical gel. However, a rationale was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Topical 1% Gel #30: Upheld

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

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

Decision rationale: The request for Diclofenac Topical 1% Gel #30 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.