

<b>Case Number:</b>	CM14-0211449		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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: Texas, Ohio, California

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 10, 2010. In a Utilization Review Report dated December 15, 2014, the claims administrator denied a request for topical diclofenac. An RFA form dated December 4, 2014 was referenced in the denial. The applicant's attorney subsequently appealed. In a November 24, 2014 progress note, the applicant reported bilateral shoulder and low back pain radiating to the bilateral lower extremities status post recent lumbar epidural steroid injection therapy. The applicant reported highly variable pain ranging from 3-9/10. The applicant was still using Percocet, Norco, Celebrex, Zovirax, Soma, and topical Pennsaid (topical diclofenac) for shoulder pain, it was stated. Physical therapy was endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with previously imposed permanent limitations. In an earlier note dated June 3, 2014, the attending provider acknowledged that the applicant had retired and was no longer working. In a medical-legal evaluation dated July 16, 2014, the medical-legal evaluator stated that the applicant continued to remain totally temporary disabled at the bottom of the report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5% QTY: 450.00: Upheld**

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

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the cervical spine and bilateral shoulders, i.e., body parts for which topical diclofenac has not been evaluated. It is further noted that the applicant has already received topical diclofenac (Pennsaid) on several prior occasions and has failed to demonstrate any significant benefit or functional improvement through ongoing use of the same. The applicant remains off of work. The applicant remains dependent on various opioid agents including Norco, Percocet, OxyContin, etc. The applicant is apparently having difficulty performing activities of daily living as basic as standing and walking, it was suggested on a progress note dated November 24, 2014, at which point the applicant was described as using a cane. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.

**Refill of Diclofenac Sodium 1.5% QTY: 450.00: Upheld**

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

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