

Case Number:	CM14-0218767		
Date Assigned:	01/08/2015	Date of Injury:	01/18/2010
Decision Date:	03/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female who sustained a work related injury on 01/18/2010 after she slipped and fell. Diagnoses include rotator cuff sprain, chronic pain due to trauma, cervical spondylosis without myopathy, myalgia and myositis, cervical strain, post traumatic tension head pain, morbid obesity, insomnia, and depression/anxiety. According to the progress report, dated 11/19/14, the injured worker presented with complaints of back pain. Current medications included effexor, tramadol, acetaminophen, alprazolam, cyclobenzaprine, metformin and glyberide. Physical exam reveals moderate pain in neck and right shoulder radiating to right arm. The symptoms are aggravated by bending, activities of daily living (ADL's), lifting and pushing. The symptoms are relieved with injection, pain meds, and rest. The pain at its worst was rated 7/10 with medication and 9/10 without medications. The physical exam revealed tightness right upper trapezius and shoulder area with spasm and active trigger points. The same is true for proximal forearm. The urine drug screen dated 10/10/14 was consistent with prescribed medications. There were no x-ray reports documented. The UR cited that the IW was not able to get her right shoulder surgery due to her weight. Treatment plan was to prescribe tramadol and diclofenac topical to painful areas daily. The past treatment plan included medications, diagnostics, chiropractic, psyche therapy, nutrition classes, physical therapy, and trigger point injections which were denied. Work status is documented as permanent and stationary as of 11/19/14. Recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 3% Topical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac 1% gel. Diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. Given the above, the injured worker does not appear to meet criteria for the requested medication. There is also no frequency or quantity listed in the current request. As such, the request is not medically appropriate at this time.