

Case Number:	CM15-0012021		
Date Assigned:	01/29/2015	Date of Injury:	03/16/2009
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: California

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 36 year old female, who sustained an industrial injury on 03/16/2009. She has reported subsequent bilateral upper extremity pain and was diagnosed with carpal tunnel syndrome. Treatment to date has included oral and topical pain medication, a home exercise program, application of heat and cold and a TENS unit. Diclofenac was a chronic medication since at least 07/16/2014. In a progress note dated 11/26/2014, the injured worker reported 2/10 bilateral upper extremity pain. The injured worker was noted to be working and was noted to be able to tolerate work duties well. Objective examination findings were notable for decreased motor strength with left hand grip compared to right hand grip and thumb opposition weaker on the left hand compared to the right hand. A refill of Diclofenac Sodium was requested. On 12/31/2014, Utilization Review non-certified a request for topical Diclofenac Sodium, noting that this medication is recommended only for short term use and that there was a lack of documentation of improvement with the medication. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Diclofenac Sodium 1.5% for 60gm dispensed 10/23/14 and ongoing medical necessity: Upheld

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

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

Decision rationale: The patient was injured on 02/16/09 and presents with bilateral upper extremity pain. The request is for TOPICAL DICLOFENAC SODIUM 1.5% FOR 60GM DISPENSED 10/23/14 AND ONGOING MEDICAL NECESSITY. The RFA is dated 12/23/14 and the patient is currently working. The patient has been using this topical cream as early as 07/16/14. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." There is little to no research to support the use of many of these agents. Regarding topical NSAIDs, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use."The 10/23/14 report states motor strength is decreased with left hand grip and thumb opposition is also weaker on the left hand. No further exam findings are provided. In this case, the patient has been using this topical cream since 07/16/14 which exceeds the 4-12 weeks recommended by MTUS guidelines. More importantly, the treater does not document how this topical is exactly used, how often and with what efficacy. The requested topical diclofenac sodium IS NOT medically necessary.