

<b>Case Number:</b>	CM15-0013504		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 48 year old female, who sustained an industrial injury, November 1, 2012. The injured worker was diagnosed with chronic right joint shoulder pain, psychogenic pain and cervicobrachial syndrome, internal derangement of the right shoulder and distal upper extremity pain, numbness and tingling of unknown etiology. The injured worker previously received the following treatments right shoulder arthroscopic surgery October 3, 2013 for torn right rotator cuff, anti-inflammatory medications and pain medications. According to progress note of December 15, 2014, the injured workers chief complaint was persistent right shoulder pain with decreased range of motion. The pain was aggravated by lifting over 3-4 pounds and repetitive motions. The physical exam noted spasms and guarding of the cervicobrachial region into the right periscapular region and into the anterior chest wall. The right shoulder reveals pain with motion. On December 15, 2014, the primary treating physician requested authorization for Diclofenac Sodium 1.5% 80grams #1 and Nabumetone Relafen 500mg #90. On December 30, 2014, the utilization review denied authorization for Diclofenac Sodium 1.5% 80grams #1 and Nabumetone Relafen 500mg #90. The utilization Reviewer referenced MTUS/ACOEM and ODG guidelines for the decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5% 60gram #1:** Overturned

**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): 111-112.

**Decision rationale:** With regard to topical NSAID agents, the MTUS CPMTG states: "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. 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." While it is noted that there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the shoulder, which is the injured worker's chief complaint; the documentation submitted for review notes that the injured worker has GI upset with the use of ibuprofen. It was also noted that she would like to minimize her oral medication intake. I respectfully disagree with the UR physician's denial based upon a lack of rationale as to why the claimant requires topical NSAIDs versus traditional oral agents. Per documentation not available to the UR physician, this was clarified. The request is medically necessary.