

<b>Case Number:</b>	CM15-0114707		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 55 year old female who reported an industrial injury on 9/10/2013. Her diagnoses, and/or impressions, are noted to include: left shoulder tendinitis/bursitis and partial rotator cuff tear; mild-moderate left median neuropathy; positive left wrist TFCC; left wrist pain; bilateral carpal tunnel syndrome and ulnar neuropathy; and pain in limb. No current electro-diagnostic or imaging studies were noted. Her treatments have included physical therapy; injection therapy; medication management with toxicology screenings; and modified work duties, which were not being accommodated. The progress notes of 5/7/2015 reported a follow-up visit with complaints of pain that is mild on medication, and moderate without medications; poor quality of sleep; and no change in her activity level. The objective findings were noted to include mild joint and muscle pain and appearing to be anxious; an antalgic gait; tenderness in the biceps groove and sub-deltoid bursae of the left shoulder that is with positive Hawkins, Neer, and empty can tests, and painful, decreased range-of-motion; and tenderness with mild effusion over the patella and right knee joint. The physician's requests for treatments were noted to include Diclofenac Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5% #150:** Overturned

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

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

**Decision rationale:** The claimant sustains a work injury in September 2013 and continues to be treated for left upper extremity pain and right knee pain. When seen, there was an antalgic gait. There was decreased and painful left shoulder range of motion with positive impingement, Empty Can, and Speeds testing. There was biceps groove tenderness. There was right knee tenderness with a mild joint effusion. The claimant topical diclofenac was prescribed. The claimant is noted to be taking Coumadin. No oral NSAID medication is being prescribed. Indications for the use of a topical non-steroidal anti-inflammatory medication such as Voltaren Gel (diclofenac topical) include osteoarthritis and tendinitis, in particular affecting joints that are amenable to topical treatment. In this case, the claimant has localized peripheral pain affecting the left shoulder and right knee amenable to topical treatment and chronically takes Coumadin, which would be a relative contraindication to an oral NSAID. The requested medication was medically necessary.