

<b>Case Number:</b>	CM15-0118978		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 injured worker is a 49 year old female, who sustained an industrial injury on 11/12/2009. The injured worker was diagnosed as having pain in shoulder joint, status post left shoulder arthroscopy 3/24/2011. Treatment to date has included diagnostics, left shoulder surgery x2, physical therapy, acupuncture, and medications. Currently (5/13/2015), the injured worker complains of left shoulder pain, acutely unchanged since last visit, and rated 3-5/10. She also had some pain in her right shoulder. She used Voltaren gel primarily for pain and received denial for this medication. She tried to avoid Naproxen unless pain was severe because it caused gastric upset. She reported that Voltaren gave her about a 30% reduction in pain and Naproxen gave her 50% reduction in pain. She reported that the nonsteroidal anti-inflammatory drugs gave her improvement in her ability to do her activities of daily living. She continued to work part time and was attending school full time. Her work status was permanent and stationary. She currently denied gastrointestinal symptoms. Her current medication was noted as Voltaren 1% gel, Naproxen, and Docusate. She was prescribed Diclofenac for application three times daily. The use of oral and topical nonsteroidal anti-inflammatory drug medications was noted for greater than 2 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1/5% 60gm (Refill x 2): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
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**Decision rationale:** Regarding the request for Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific objective functional improvement from the use of Diclofenac. Additionally, there is no documentation that the Diclofenac is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Diclofenac is not medically necessary.

**Retrospective request of Diclofenac Sodium 1.5% 60gm (Refill x 2) (DOS 5/13/15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 111-112 of 127.

**Decision rationale:** Regarding the request for Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific objective functional improvement from the use of Diclofenac. Additionally, there is no documentation that the Diclofenac is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Diclofenac is not medically necessary.