

<b>Case Number:</b>	CM15-0126371		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Preventive Medicine, Occupational 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 52 year old female patient who sustained an industrial injury on 04/07/2010. The accident was described as while working for a restaurant she injured herself. A follow up visit dated 11/13/2014 reported sutures removed and a short arm cast fabricated. She is to remain on temporary totally disability until 11/24/2014. On 11/05/2014 she underwent a left wrist ulnar shortening osteotomy; stabilization of joint, and administration of anesthetic injection. The patient met medical maximum improvement on 07/07/2014. The chief subjective complaint is of having constant pain. She is currently not working and last worked on 05/17/2010. Current medications are: Flexeril, Naproxen, Omeprazole, and two topical compound creams. She has had previous surgery to include: 08/03/2010, and 2012 left shoulder surgery. On 10/23/2014 the plan of care noted completing as authorized, continue with the use of the muscle stimulator and core strengthening exercises. She is prescribed permanent work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Diclofenac 1% gel with date of service of 5/7/2015: Upheld**

**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 section Page(s): 111-113.

**Decision rationale:** Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The injured workers pain is in the shoulder which has not been evaluated for treatment with diclofenac. Additionally, the injured worker continues to complain of severe pain while using this medication. The request for retrospective request for Diclofenac 1% gel with date of service of 5/7/2015 is not medically necessary.