

Case Number:	CM15-0173050		
Date Assigned:	09/15/2015	Date of Injury:	05/27/2015
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/02/2015

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 38 year old male with an industrial injury dated 05-27-2015. Review of the medical records indicate he is being treated for bilateral wrist strains, right greater than left, pain in joint - forearm and long term use of meds. He presents on 07-13-2015 with complaints of right greater than left wrist pain. The pain is documented as occurring on the radial aspect of the wrist and is made worse with forceful gripping, grasping and lifting more than about 5-10 pounds. The provider documented the injured worker had one episode of triggering in the right middle finger and a couple of episodes "of what sound like diffuse symptoms of numbness and tingling, but that is not present currently." On 07-23-2015, documentation notes the injured worker came into the office for a refill of his medications. The provider documented "He has been compliant with the use of his medication." Physical exam noted normal range of motion of the wrists bilaterally. Documentation notes he can flex and extend past 60 degrees. Ulnar deviation was greater than 30 degrees and radial deviation was greater than 15 degrees. There was tenderness over the radial portion of the wrists bilaterally, most intense over the radial carpal joint bilaterally. Sensation was intact to bilateral hands. The provider documents there were no triggering or evidence of any stenosing tenosynovitis with flexion-extension of the hands. Work status was documented as modified duty. "If modified duty cannot be provided, he would remain totally temporarily disabled." Treatment plan at the 07-13-2015 visit was for 12 visits of hand therapy. Prior treatment included medication. The treatment request is for Diclofenac Sodium 1.5% 60 gm #1, no refill (apply to affected area three times a day, Rx date 7/23/15). On 08-04-2015 the request for Diclofenac Sodium 1.5% 60 gm #1, no refill (apply to affected area three times a day, Rx date 7/23/15) was deemed not medically necessary by utilization review.

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 #1, no refill (apply to affected area three times a day, Rx date 7/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Diclofenac Sodium 1.5% 60gm #1, no refill (apply to affected area three times a day, Rx date 7/23/15) is not medically necessary or appropriate.