

Case Number:	CM15-0176266		
Date Assigned:	09/17/2015	Date of Injury:	04/20/2014
Decision Date:	10/20/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/08/2015

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 36 year old female, who sustained an industrial-work injury on 4-20-14. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral wrist and forearm strain, left flexor tenosynovitis and possible left occult dorsal wrist ganglion cyst. Medical records dated (3-11-15 to 8-25-15) indicate that the injured worker complains of left wrist pain and stiffness with movement. There is pain at the volar aspect mostly and she is unable to apply pressure or bear weight. She reports weakness and cannot open things or grasp objects. The medical record dated (3-11-15 to 8-25-15) indicates that the injured worker states that the pain is rated 2 out of 10 on pain scale and comes and goes depending on activity level. The medical record dated 6-12-15 indicates that the pain level was 7 out of 10 with left wrist dorsiflexion or with picking something up. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-7-15 the injured worker has returned to work with regular duties and no restrictions. The physical exam dated 8-25-15 reveals that the left wrist exam shows positive Watson test. The medical records dated from (5-22-15 to 8-7-15) reveal left wrist decreased range of motion in flexion and extension, she has difficulty pushing off the exam chair due to pain in the wrist area, and there is minimal tenderness along the dorsal and volar aspects of the wrist. There is minor pain in the ulnar border with radiation up into the forearm, with lateral deviation. Treatment to date has included pain medication, topical Diclofenac cream at least since occupational hand therapy at least 12 sessions with some improvement, physical therapy that started on 7-2-15, and other modalities. EMG- NCV (electromyography and nerve conduction velocity) testing was performed on 7-31-14 of the bilateral upper extremities and was normal. The request for

for authorization date was 8-25-15 and requested service included Topical Diclofenac compounded cream quantity of 1.00. The original Utilization review dated 9-1-15 non-certified the request as topical formulations of this medication are not recommended per the guidelines and there are currently no FDA approved versions of this product.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Diclofenac compounded cream Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Compound drugs - Ketoprofen, topical, Diclofenac, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in April 2014 and is being treated for bilateral wrist and hand pain. Her past medical history included well controlled type II diabetes. Oral Motrin has been prescribed. When seen, Watson stress testing was positive. Imaging results were reviewed. Surgery was being considered for a possible ganglion cyst. Topical diclofenac was prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to oral NSAID medications. Prescribing topical compounded diclofenac is not considered medically necessary.