

Case Number:	CM15-0098914		
Date Assigned:	06/01/2015	Date of Injury:	06/10/2008
Decision Date:	07/01/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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: Emergency 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 76-year-old female, who sustained an industrial injury on June 10, 2008. The mechanism of injury was a slip and a fall. The injured worker has been treated for neck, right shoulder, bilateral wrist, bilateral hands, lower back, bilateral knees and bilateral foot complaints. The diagnoses have included foraminal stenosis/radiculopathy of the cervical spine, right shoulder strain, chronic diffuse cervical degeneration changes, cervical disc herniation, bilateral upper extremity radicular pain, right shoulder rotator cuff syndrome, bilateral chronic osteoarthritis of the knees with aggravation secondary to an industrial fall. Treatment to date has included medications, radiological studies, MRI, injections and physical therapy. Current documentation dated April 16, 2015 notes that the injured worker reported worsening neck pain and right shoulder pain, rated a nine out of ten on the visual analogue scale. The injured worker also noted constant bilateral knee pain rated an eight out of ten on the visual analogue scale, which was unchanged. Examination of the cervical spine revealed tenderness to palpation and a full range of motion. Right shoulder examination revealed tenderness to palpation and a decreased external rotation. A Hawkin's sign was noted to be positive. Examination of the bilateral knees revealed tenderness to palpation and swelling bilaterally. There was full extension and full flexion bilaterally. Strength was noted to be a four/five on the right. The treating physician's plan of care included a request for Pennsaid (Diclofenac) drops topical solution 1.5% (150 ml) to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid (Diclofenac) Drops Topical Solution 1.5 Percent (150 ML) 10 Drops: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: As per MTUS Chronic Pain Guidelines, topical analgesics such as Pennsaid (Diclofenac) have poor evidence to support its use but may have some benefit in osteoarthritis related pain. Diclofenac has evidence for its use in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient has been using this chronically with no noted objective improvement in pain or function. Patient is also being prescribed Diclofenac patches, which will increase risk for overdose. Due to documentation, that does not show efficacy and risk for overdose, chronic use of Flector is not medically necessary.