

Case Number:	CM13-0010509		
Date Assigned:	06/06/2014	Date of Injury:	09/02/2003
Decision Date:	08/08/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59-year-old man who sustained a work-related injury on September 2, 2003. Subsequently, he developed chronic headaches, neck, low back, and right shoulder pain. Review of the submitted records indicates that the patient had a previous MRI which revealed a lumbar herniated disc which he underwent left L4-L5 hemilaminotomy, discectomy, and microdiscectomy on January 11, 2011. He also had arthroscopic surgery of the right shoulder on October 14, 2010 and received physical therapy post surgery. Treatment included a continuation of various medications including buprenorphine, Ambien, Flector Patch, Capsaicin cream, Celebrex, and tizanidine-zanaflex. In addition, this patient had a history of previous bilateral cervical radiofrequency ablation performed on April 17, 2012 with a reported 90% relief in his headaches for 3-4 months. He also had radiofrequency ablation from C3-C6 on November 22, 2005 and February 8, 2007 with a reported relief in neck pain for 4-5 months, as well as improved function and headaches for 2 months. Cervical MRI on May 17, 2004 revealed disc degeneration and multiple disc protrusions. Recent progress report dated May 2, 2014 indicated that the patient does continue to have severe shoulder pain and complain of severe headaches. He is not currently using any narcotic pain medication and he used Celebrex for nonsteroidal anti-inflammatory. The patient was diagnosed with degeneration of the cervical disc; lumbar disc displacement without Myelopathy; and pain in joint and shoulder. The provider requested authorization to use Diclofenac sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DICLOFENAC SODIUM 1.5% 60GRM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS; Topical Analgesics Page(s): 107, 111.

Decision rationale: Diclofenac is a nonsteroidal anti-inflammatory drug (NSAID). According to California Medical Treatment Utilization Schedule (MTUS), in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain and shoulder pain. There is no evidence that this patient has wrist, ankle and elbow pain. Therefore request for Diclofenac Sodium 1.5% cream, 60gr is not medically necessary.