

Case Number:	CM13-0037711		
Date Assigned:	12/18/2013	Date of Injury:	12/02/2010
Decision Date:	02/07/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 47-year-old male who sustained a work related injury on 09/10/2012. Subjectively, the patient reported complaints of severe low back pain with some functional improvement and pain relief with medication management. Objectively, the patient was noted to have significant weakness in the left upper and lower extremities throughout with the inability to lift the arms overhead. Neurologically, there was diminished sensation. Range of motion was decreased and elicited pain. The patient was also noted to have tenderness to palpation, muscle spasm, decreased motor strength, and atrophy of the lower extremities. The patient's gait was antalgic and there was use of a wheelchair. The treatment plan indicated recommendation of a second opinion for spine surgery consultation and continuation of medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication - Diclofenac Sodium Powder 7.5% for lower back (Retrospective: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS Guidelines state that "topical ointments are largely experimental and have not been shown in properly randomized controlled clinical trials to be effective. Topical ointments are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The clinical information provided indicates the patient was prescribed Wellbutrin, but there is no documentation of evidence to support lack of efficacy of first line treatment. The notes also state that patient is taking oral NSAIDs, without mention of a powder formulation. Given the lack of documentation submitted for review to support the use of the requested medication, the request for compound medication diclofenac sodium powder 7.5% for lower back (retrospective) is non-certified.