

Case Number:	CM13-0038710		
Date Assigned:	12/18/2013	Date of Injury:	02/23/2011
Decision Date:	02/21/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 36 year old female presenting with neck and back pain following a work related injury on 02/23/2011. The claimant has a history of gastric ulcers. The claimant's physical exam was significant for tenderness over the lower lumbar paraspinal muscles but a decrease in overall muscle spasm. MRI of the lumbar was significant for grade 1 spondylolisthesis and associated 6 mm disc bulge extending into the bilateral neuroforamina severely narrowing the L5-S1 neural foramina bilaterally, and compression of bilateral L5 nerve roots. The claimant has tried TENS, interferential unit trial, lumbar epidural steroid injection, physical therapy and medication. The claimant most recently participated in a comprehensive functional restoration program. She reports that diclofenac sodium, 1.5% gel for topical pain relief has been effective in reducing her pain. The claimant was diagnosed with acquired spondylolisthesis and cervical disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% cream, 60 gm.: Upheld

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

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

Decision rationale: Diclofenac sodium 1.5% cream, 60 gm. is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, CA MTUS page 111 states that topical NSAIDs, are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder. The claimant was diagnosed with acquired spondylolisthesis and cervical disc displacement without myelopathy; therefore, the medication is not medically necessary.