

Case Number:	CM13-0063628		
Date Assigned:	12/30/2013	Date of Injury:	02/16/2007
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 68 yo male who sustained an industrial injury on 02/06/2007. The mechanism of injury was he slipped on the floor injuring his low back. His diagnoses include chronic low back pain- s/p posteriorlateral fusion with instrumentation, post-laminectomy syndrome and hip pain. On exam he has an antalgic gait and pain with range of motion of the lumbar spine. Treatment has included medical therapy with opiates. The treating provider has requested Diclofenac cream 1.5/60gm # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC CREAM 1.5/60GM #120: Upheld

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

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

Decision rationale: There is no documentation provided necessitating treatment with topical analgesic therapy. Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for chronic low back pain. The duration of

effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.