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| Case Number: | CM13-0067461 | | |
| Date Assigned: | 05/02/2014 | Date of Injury: | 11/29/2002 |
| Decision Date: | 07/11/2014 | UR Denial Date: | 12/05/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

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 Internal Medicine, and is licensed to practice in California. 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 50 year old female who was injured on 11/29/2002. Mechanism of injury is unknown. Prior treatment history has included the use of heat, ice, rest, stretching and exercise. Medications include: Butrans patch, Norflex, Norco, Volatren Gel, Lyrica, Celebrex and trazadone. Progress note dated 10/08/2013 documented the patient with a current pain level of 8/10 for her overall pain. Objective findings on examination reveal the patient to be in slight discomfort while seated during her office visit. Palpation of the cervical spine demonstrates diffuse tenderness. Palpation of the left shoulder demonstrates diffuse tenderness. She refuses to walk using a cane. She ambulates with an antalgic gait. Diagnoses: 1) Left neck pain, 2) Degenerative cervical disc, 3) Cervical facet joint arthropathy, 4) Left shoulder region pain, 5) Headaches, 6) Bilateral carpal tunnel syndrome, 7) Second and third digit trigger finger, left hand, 8) Chronic low back pain. Progress note dated 11/13/2013 documented the patient with continued and increasing posterior neck pain causing frequent severe headaches and constant aching and intermittent burning and numbness radiating to bilateral shoulders, arms and hands. Objective findings on examination reveal severe neck pain elicited with all movements which radiates to bilateral shoulders and occipital scalp. Flexion is limited to 30 degrees, extension limited to return to neutral. Rotation limited to 90 degrees bilaterally. She has positive Spurling's and dysesthesia along lateral upper arms and forearms. Diagnosis: Degeneration of cervical intervertebral disc. Neck sprain. Utilization report dated 12/05/2013 for the request for diclofenac sodium topical (Diclofenac sodium solution/drops) 1mg/ml related to cervical/left upper extremity as outpatient was deemed not certifiable because the claimant is noted to have an unspecified gastrointestinal surgery. The rationale for the need of liquefied versus p.o. medication is not clear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION REVIEW: DICLOFENAC SODIUM TOPICAL (DICLOFENAC SODIUM SOLUTION/DROPS) 1MG/ML: Upheld

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

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

Decision rationale: The CA MTUS recommends topical NSAID therapy for short term (4-12 weeks) treatment of osteoarthritis in joints that are amenable to topical therapy, for example the knee or elbow. The guidelines state there is little evidence to utilize topical NSAIDs for osteoarthritis for the spine, hip, or shoulder. The clinical notes document the patient has been on topical NSAID therapy since at least April 2013, which is much longer than the recommended duration. The patient does have neck, shoulder, and low back pain. However, there was insufficient documentation of knee or elbow osteoarthritis which are the joints generally recommended by the guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.