

Case Number:	CM14-0110808		
Date Assigned:	09/16/2014	Date of Injury:	06/23/2012
Decision Date:	10/21/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 62-year-old female was reportedly injured on June 23, 2012. The mechanism of injury was noted as bumping her head against a cabinet door. The most recent progress note, dated August 28, 2014, indicated that there were ongoing complaints of left sided neck pain radiating to the left upper back and to the left arm and hand down to the left middle, ring, and little fingers. There was also a complaint of frequent headaches. Current medications include Flector patches. The physical examination demonstrated tenderness along the left side of the posterior cervical paraspinal muscles and decreased cervical spine range of motion. There was a negative cervical spine Spurling's test. Mild tenderness was noted at the left trapezius and the left medial border of the scapula. Decreased sensation was noted at the left C7 and C8 nerve distributions. Diagnostic imaging studies of the cervical spine revealed cervical spondylosis and a disc protrusion at C4-C5. Previous treatment included physical therapy, chiropractic care, acupuncture, and oral medications. A request had been made for topical diclofenac sodium and was not certified in the pre-authorization process on July 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% 60GM (RETRO DOS: 1/16/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employees diagnosis, this request for topical diclofenac sodium is not medically necessary.