

Case Number:	CM14-0112210		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2006
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male who reported an injury on 02/15/2006. The injury reported was when the injured worker was lifting a heavy garbage bin. The diagnoses included low back pain. The previous treatments included an EMG, medication, physical therapy, chiropractic sessions, and acupuncture. Within the clinical note dated 07/21/2014, it was reported the injured worker complained of low back pain radiating down to his right foot with numbness and tingling. The injured worker underwent an EMG which did not show evidence of lumbar radiculopathy. Upon the physical examination, the provider noted the injured worker's range of motion of the lumbar spine was extension at 20 degrees, and normal lumbar flexion. The provider indicated the injured worker's lumbar spine motor strength was 5/5 to hip flexion, hip extension, and knee extension. The provider requested diclofenac cream to prevent formation of peptic ulcers and gastritis. The request for authorization was not provided for clinical review.

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. Cream: Upheld

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

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

Decision rationale: The injured worker complained of low back pain radiating down to his right foot with numbness and tingling. California MTUS Guidelines note topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Diclofenac is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment. The most common adverse reaction is dermatitis and pruritus. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the injured worker was treated for or diagnosed with osteoarthritis. The request for Diflofenac Sodium 1.5% 60gm. Cream is not medically necessary.