

<b>Case Number:</b>	CM14-0155674		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/27/2001
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Interventional Spine 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 48 year old female, with a date of injury of 4/27/14. According the progress report 9/2/14, the patient presents with chronic low back pain. Examination revealed tenderness to palpation at the Lumbosacral uncton especially over the L4-L5 and L5-S1 bilateral facet joints. Range of motion of the lumbar spine was full with flexion but decreased by 20% with extension. Patient's current medications include Hydcodonebit/APAP, Nabumetone, Trazodone and Amitriptyline hcl. The patient was diagnosed with spondylosis Lumbosacral, sciatica and syndrome postlaminectomy. The treater is requesting Dicolfenac Sodium 1.5% 60gm. Utilization review denied the request on 9/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 1.5% 60 gm:** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain. The treater is requesting Diclofenac sodium 1.5% % 60gm. The MTUS Guidelines states, "efficacy in clinical trials for this topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short term use for 12 weeks. There is little evidence utilized topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. Recommendation is for denial.