

Case Number:	CM14-0156210		
Date Assigned:	09/25/2014	Date of Injury:	07/15/2011
Decision Date:	11/12/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 61 year old female who was injured on 7/15/2011. The diagnoses are neck, thoracic and left shoulder pain. There is associated diagnosis of multiple sclerosis. The MRI of the cervical spine showed multilevel degenerative disc disease, disc bulges and facet hypertrophy. On 7/21/2014, [REDACTED] noted subjective complaint of pain score of 6-8/10 on a scale of 0 to 10. On 8/5/2014, [REDACTED] noted objective findings of paraspinal muscle tenderness. There was no surgical option recommended. The medication are naproxen, Neurontin, tramadol, diclofenac cream and Kera-Tek for pain, Robaxin for muscle spasm, Xanax for anxiety, buspirone for depression and modafinil for daytime sedation. A Utilization Review determination was rendered on 8/30/2014 recommending non certification for diclofenac 3% / lidocaine 5% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3%/5% 180 grams for the thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical creams Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations and topical NSAIDs can be utilized for the treatment of localized pain when oral medications are contraindicated or have failed. The records indicate that the patient is utilizing multiple NSAIDs in oral and topical formulations. The utilization of multiple NSAIDs is associated with increased risk of cardiovascular, renal and gastrointestinal complications especially in the elderly. The risk is further increased for this 61 year old patient who had indicated concerns for medications associated gastritis. The criteria for the use of diclofenac 3% / lidocaine 5% 180gm for the thoracic were not met. Therefore, the request is not medically necessary.