MAXIMUS Federal Services

Case Number:	CM14-0163190		
Date Assigned:	10/20/2014	Date of Injury:	09/12/1997
Decision Date:	11/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 1997.The applicant has been treated with the following: Analgesic medications; topical compound; adjuvant medications; earlier lumbar fusion surgery; a functional restoration program; and unspecified amounts of acupuncture. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for diclofenac cream. The applicant's attorney subsequently appealed. In an April 23, 2014 progress note, the applicant reported a primary complaint of low back pain, 8 to 9/10. Derivative complaints of depression and anxiety were noted. The applicant also had ancillary complaint of neck pain. The applicant's medications list included topical ketamine, Neurontin, Protonix, diclofenac cream at issue, Norflex, aspirin, Tenormin, oxybutynin, Pamelor, albuterol, and tizanidine. The applicant had previously attended functional restoration program, it was acknowledged. The applicant was asked to consult a psychologist. Multiple medications were refilled. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a May 22, 2014 progress note, the applicant again reported 7/10 low back pain radiating to the left leg. The applicant had reportedly gained 35 pounds. The applicant was asked to obtain a weight loss program and six additional sessions of acupuncture. The applicant's medication list, at this point, included a ketamine cream, Protonix, diclofenac cream, Neurontin, aspirin, Tenormin, Pamelor, albuterol, and tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 Percent #60 Grams, Apply to Affected Area 3 Times A Day #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has "not been evaluated" for treatment of the spine, hip, and/or shoulder pain. In this case, the applicant's primary pain generator is, in fact, the lumbar spine, a body part for which topical diclofenac has not been evaluated. The attending provider did not furnish any compelling applicant-specific rationale which would offset the tepid-to-unfavorable MTUS position on topical application of diclofenac for the lumbar spine. Furthermore, the applicant's ongoing usage of multiple first line oral pharmaceuticals, including Pamelor, Neurontin, tizanidine, etc., would seemingly obviate the need for the diclofenac cream at issue. Therefore, the request is not medically necessary.