

Case Number:	CM14-0179808		
Date Assigned:	11/04/2014	Date of Injury:	10/19/1988
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/29/2014

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 October 19, 1998. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for topical diclofenac solution. The claims administrator stated that its decision was based on a September 29, 2014 Request for Authorization (RFA) form. The claims administrator stated that it appeared that the attending provider was intent on employing Diclofenac for the lumbar spine. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant report ongoing complaints of bilateral shoulder and low back pain. The applicant was using Percocet and Norco for low back and shoulder pain, Pennsaid for shoulder pain, Celebrex for low back pain, Zovirax for herpes simplex virus, Soma for acute flares of low back pain, and OxyContin for chronic pain complaints. The applicant reported that her pain scores were 9/10 without medications versus 2-3/10 with medications. The applicant's average pain scores, thus, were 6-7/10, it was acknowledged. The applicant stated that massage therapy, manipulative therapy, and medications were reducing her pain complaints, which she stated were worsened by the activities such as sitting, standing, walking, lifting, and bending. The applicant stated that she is having a flare of herpetic lesions. Multiple medications were refilled, including Celebrex, Percocet, Oxycodone, and Zovirax. It was acknowledged that the applicant was mildly depressed. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In a September 30, 2014 progress note, the applicant again reported multifocal pain complaints; including neck pain, bilateral shoulder pain, and low back pain. The applicant stated that her pain scores were 9/10 without medications versus 3/10 with medications. It was again stated that the applicant was using topical Pennsaid/topical diclofenac for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Na 1.5% topical solution, 450 ml: 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 Diclofenac/Voltaren Page(s): 112.

Decision rationale: As the attending provider has indicated on several progress notes, referenced above, topical Diclofenac is apparently being employed for ongoing complaints of shoulder pain. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes the topical diclofenac/topical Pennsaid has "not been evaluated" for issues involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generators are, in fact, the lumbar spine and bilateral shoulders, body parts for which topical Pennsaid/topical Diclofenac has not been evaluated. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Percocet, Celebrex, Lyrica, etc., effectively obviates the need for the Diclofenac solution at issue. Therefore, the request is not medically necessary.