

Case Number:	CM14-0024906		
Date Assigned:	06/11/2014	Date of Injury:	03/16/2013
Decision Date:	07/29/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/27/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 31-year-old male who reported an injury on 03/16/2013. The mechanism of injury was from repetitive twisting. The diagnoses included L5-S1 disc protrusion, L4-5 disc protrusion, L5 radiculitis, and lumbar strain. Previous treatments included an EMG/NCV, chiropractic treatment, medication, and an H-wave unit. Within the clinical note dated 01/27/2014, reported the injured worker complained of pain in the low back going down the back of the leg and the lateral part of the thigh to the calf area. Upon the physical examination of the lumbar spine, the provider noted tenderness to palpation in L4 and L5 spinous process, and spasms in the paravertebral muscles. The range of motion for extension was at 15 degrees, and flexion at 40 degrees. The provider indicated the injured worker had a negative straight leg raise bilaterally, negative femoral stretch, slump test positive on the left, and facet load testing is negative. The provider requested diclofenac sodium as needed for pain. 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%: Upheld

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

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

Decision rationale: The injured worker complained of pain in the low back going down the back of the leg and the lateral part of the thigh to the calf area. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendonitis, in particular, that of the knee and elbow and other joints that are amenable. The guidelines note 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. The guidelines note diclofenac is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatments, ankle, elbow, foot, hand, knee, and wrist. There is a lack of documentation indicating the injured worker is treated for or diagnosed with osteoarthritis or tendonitis. The request submitted failed to provide the frequency and the quantity of the medication. In addition, the request submitted does not specify a treatment site. As such, the injured worker had been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guidelines' recommendations of short-term use of 4 to 12 weeks. Therefore, the request for diclofenac sodium 1.5% is not medically necessary.