

Case Number:	CM14-0026185		
Date Assigned:	06/13/2014	Date of Injury:	03/29/2002
Decision Date:	07/16/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 61 year old female who reported an injury on 03/29/2002 due to an unspecified mechanism of injury. On 10/31/2013 she reported severe low back pain, leg pain, and cervical neck pain. An MRI of the lumbar spine performed on 07/13/2010 revealed osteophytic ridge formations a broad based lateral protrusion at L2-3 level with mild stenosis, a broad based protrusion, hypertrophic facet changes and mild hypertrophy with stenosis at L3-4 level, a lateral protrusion and bilateral neuroforaminal stenosis at L4-5, moderately severe hypertrophic facet changes and a disc herniation with inferior prolapse at L5-S1 along with articular endplate degenerative changes. Her diagnoses included pain in the lower leg and shoulder joint, psychogenic pain, lumbar disc displacement without myelopathy, neck pain, spinal lumbar stenosis and lumbago. Her medications included lunesta 2mg tablet, pantoprazole-protonix 20mg, carisoprodol-soma 350mg, tramadol 37.5/325mg, morphine sulf cr 15 mg, diclofenac sodium 1.5 percent, hydrochlorothiazide 25mg, and simvastatin 20mg. The treatment plan was for diclofenac sodium 1.5 percent 60gm #1. The request for authorization was signed on 01/07/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DICLOFENAC SODIUM 1.5% 60gm #1 FOR DOS 10-31-13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for Diclofenac sodium 1.5 percent 60gm #1 is non-certified. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Per California MTUS guidelines, diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The documentation provided does not state that the injured worker has been diagnosed with osteoarthritis or the specific extremity/joint the medication is intended for. Furthermore, the request does not specify the frequency of the medication. The documentation provided lacks the information needed to warrant the necessity of the request. As such, the request is not medically necessary and appropriate.