

Case Number:	CM14-0072333		
Date Assigned:	07/21/2014	Date of Injury:	05/15/2012
Decision Date:	10/10/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family 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:

This is a 36-year-old male patient who reported an industrial injury on 5/15/2012, over two years ago, attributed to the performance of his usual and customary job tasks reported as pushing a large garbage can filled with dry concrete and falling on the bed of the truck experiencing left shoulder, left arm, low back, and bilateral knee pain. The patient had a MRI of the left shoulder and was subsequently taken to surgery for arthroscopy and SAD of the left shoulder during 2012. The patient continued to complain of postoperative shoulder pain. The patient complained of persistent bilateral knee and lower back pain. A MRI the lumbar spine demonstrated a disc protrusion at L4-L5. A right knee MRI found moderate chondrosis of the patellofemoral joint. Electrodiagnostic studies demonstrated a left C5 radiculopathy and bilateral ulnar mononeuropathy. The objective findings on examination included restricted range of motion to the lumbar spine; sensation was normal; SLR was negative; spasms in the lumbar spine; limited range of motion of the left shoulder; tenderness to the left cervical paraspinal muscles; decreased sensation in the left third, fourth, and fifth digits and lateral forearm. The patient was noted to use diclofenac cream over his left shoulder, as the patient was reluctant to take oral medication. Patient is noted to utilize naproxen occasionally along with the topical NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% CREAM, 60gm: 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 Analgesics; NSAIDs Page(s): 111-113; 22, 67-68, 71. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 114-15 Official Disability Guidelines (ODG) Pain Chapter topical analgesics; NSAIDs

Decision rationale: The topical NSAID, Diclofenac 1.5% gel, is not medically necessary in addition to prescribed oral NSAIDs. The patient has been prescribed topical Diclofenac gel for chronic shoulder pain post operatively. The patient has received topical NSAID gels for a prolonged period of time exceeding the time period recommended by evidence-based guidelines. There is no demonstrated medical necessity for both an oral NSAID and a topical NSAID. There is no provided subjective or objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. Only if the subjective/objective findings are consistent with the recommendations of the CA MTUS, then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. There is no documented functional improvement by the provider attributed to the topical NSAID. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The patient is not demonstrated to have any GI issue at all with NSAIDs. The patient was prescribed an oral opioids and topical NSAID concurrently. The use of the topical creams/gels does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The prolonged use of topical Diclofenac cream 1.5% is not supported by the applicable evidence based guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be medically necessary. The prescribed topical Diclofenac 1.5% 60 g topical cream or gel is not demonstrated to be medically necessary.