

Case Number:	CM14-0085424		
Date Assigned:	07/23/2014	Date of Injury:	03/04/2013
Decision Date:	09/19/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 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 injured worker is a 47-year-old male who reported an injury which occurred while he was reaching for an object while carrying a heavy load on 03/04/2013. On 05/30/2014, his diagnoses included lumbago, lumbar disc displacement with myelopathy, L4 radiculitis, left L3 radiculitis, L3-4 disc extrusion, S1 radiculopathy, and L5 radiculitis. His medications included diclofenac 1.5% cream, hydrocodone/APAP 5/325 mg, orphenadrine ER 100 mg and gabapentin 600 mg. In the treatment plan it was noted that he was status post lumbar epidural steroid injection which he felt had helped with his strength, but his pain had worsened. He was to have started acupuncture treatments that day. The note also stated that the following modalities had been tried, but had not alleviated his pain: physical therapy, chiropractic, medications, and lumbar epidural steroid injection. The rationale for the requested cream, as noted on 05/23/2014, was that he utilized this topical cream over the lumbar spine for local pain relief and anti-inflammation. There was no Request for Authorization in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Grams of Diclofenac Sodium 1.5%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics Topical NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment for Workers'

Compensation, Online Edition: Pain Chapter Official Disability Guidelines: Topical Analgesics, Non-Steroidal Anti-Inflammatory Agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for 60 Grams of Diclofenac Sodium 1.5% is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy for pain relief, including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac) which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. There is little evidence to use topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The clinical information submitted fails to meet the evidence based guidelines for the use of topical analgesics. Additionally, the request did not state what form the diclofenac was in, nor did it include the frequency of administration or the body part or parts to which this diclofenac was to have been applied. Therefore, this request for 60 Grams of Diclofenac Sodium 1.5% is not medically necessary.