

Case Number:	CM14-0087799		
Date Assigned:	07/23/2014	Date of Injury:	06/18/2013
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/11/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 48-year-old male who reported an injury on 06/01/2013 due to a fall. On 02/20/2014, the injured worker presented with low back and left knee pain. Medications listed on that date included Diclofenac Sodium, Naproxen, and Aleve. The diagnoses were lumbosacral spondylosis and pain in the joint of the lower leg. Upon examination, the injured worker ambulated without assistance and was able to sit comfortably on the examination table without difficulty or evidence of pain. An MRI of the left knee dated 10/07/2013 revealed minimal joint effusion and degenerative changes with a possible tiny inferior articular surface tear of the posterior horn of the medial meniscus. The provider recommended and prescribed Diclofenac Sodium 1.5% 60gm cream; the provider's rationale was not provided. The retrospective Request for Authorization form was not included in the medical documents submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for Diclofenac Sodium 1.5% 60gm cream (applied three times a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The retrospective request for Diclofenac Sodium 1.5% 60gm cream, to be applied 3 times a day, is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. There is no peer reviewed literature to support the use. There is little evidence supporting the utilization of topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. It is recommended for short-term use, usually 4 to 12 weeks. Topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is lack of evidence that the injured worker has failed a trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the sites that the cream is intended for in the request as submitted. As such, the request is not medically necessary or appropriate.