

Case Number:	CM14-0097550		
Date Assigned:	07/28/2014	Date of Injury:	07/12/2010
Decision Date:	09/10/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 44-year-old female who reported an injury on 07/12/2010 due to a slip and fall. The injured worker has diagnoses of cervical disc displacement without myelopathy, pain in joint shoulder, and pain in joint lower leg. The injured worker's past medical treatment includes physical therapy, chiropractic therapy, acupuncture, and medication therapy. Medications include Capsaicin 0.075% cream (apply on affected area 3 times a day), Diclofenac sodium 1.5% (apply to affected area 3 times a day), Orphenadrine-Norflex ER 100 mg (1 tablet at night), Prilosec, Cyclobenzaprine 5 mg (1 tablet before bed). The treatment plan is for the injured worker to continue using Diclofenac sodium 1.5% lotion. MRI obtained on 05/08/2014 revealed that the injured worker had significant patellofemoral malignant and mild extensor mechanical strain. It also revealed superior lateral Hoffa fat pad edema, which may be related to fat pad impingement. There was an ACL stress response and possible limited partial tear. The injured worker complained of chronic right shoulder and right knee pain. The injured worker also reported having low back and neck pain. There are no measurable pain levels documented in the submitted report. Physical examination dated 04/22/2014 revealed that the injured worker had musculature without atrophy in the left upper extremity and the right lower extremity. Muscle strength revealed an arm abduction of 4/5, forearm flexion of 5/5, forearm extension of 5/5, wrist extension of 5/5, thumb apposition of 5/5, and a digit abduction of 5/5. Motor strength of the injured worker's lower extremities revealed that the injured worker had a thigh flexion, lower leg flexion, lower leg extension, ankle dorsiflexion, ankle plantar flexion, and an extensor hallucis longus of 5/5 bilaterally. Examination of the lumbar spine revealed that there was spasm and guarding. The treatment plan was for Diclofenac sodium 1.5% cream. The rationale for the continuation of the cream is that the injured worker does not want any type of injections. The Request for Authorization form was not submitted for 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% cream 60gms: 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): 111-112..

Decision rationale: The request for Diclofenac sodium 1.5% cream 60gms is not medically necessary. The injured worker complained of chronic right shoulder and right knee pain. The injured worker also reported having low back and neck pain. There are no measurable pain levels documented in the submitted report. The CA MTUS states that the efficacy of NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs such as Diclofenac, have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. Given the above and evidence in the submitted reports, the use of diclofenac 1.5% is not recommended. There was a lack of quantified evidence of effectiveness of the current medications the injured worker was taking. The efficacy is also questionable and there was no evidence of the injured worker having trialed and failed any antidepressants or anticonvulsants. Furthermore, progress note revealed that the injured worker had been using diclofenac since at least 04/22/2014, exceeding the recommended guidelines. There was also no rationale as to why the injured worker would require a topical lotion versus oral medications. The request did not specify a location of the medication, a duration, or a frequency. As such, the request for Diclofenac sodium 1.5% cream 60gms is not medically necessary.