

Case Number:	CM15-0106086		
Date Assigned:	06/10/2015	Date of Injury:	01/10/2001
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, California
Certification(s)/Specialty: Family Practice

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 63 year old female who sustained an industrial injury on 01/10/01. Initial complaints and diagnoses are not available. Treatments to date include home exercise, acupuncture, an H wave machine, and medications. Diagnostic studies are not addressed. Current complaints include chronic neck and right shoulder pain. Current diagnoses include cervical disc displacement, lumbar spinal stenosis, lumbar disc degeneration, pain in the shoulder joint, inconsistent therapeutic drug monitoring, and neck pain. In a progress note dated 04/02/15, the treating provider reports the plan of care as medications including Naproxen, Pantoprazole, diclofenac, doxepin, and baclofen. The requested treatments include diclofenac and doxepin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 Percent 60 Gram: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac is a topical NSAID. It 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on an oral NSAID. Topical analgesics can reach systemic levels similar to oral NSAIDs. There was no indication for the combined use. The claimant did not have the above diagnoses. The request for topical Diclofenac is not medically necessary.

Doxepin 3.3 Percent Gel #1 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Doxepin is an antidepressant with anti-histamine properties. There is insufficient evidence for its use. The claimant had been on numerous topical preparations including Diclofenac and Capsaicin along with Doxepin for several months. Combined use and their benefit is not substantiated. The request is not medically necessary.