

Case Number:	CM15-0108241		
Date Assigned:	06/12/2015	Date of Injury:	12/10/2009
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic neck, foot, low back, and mid back pain reportedly associated with an industrial injury of December 10, 2009. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for topical Diclofenac while approving requests for Protonix and a ketamine-containing cream. The claims administrator referenced a RFA form received on May 20, 2015 in its determination. The applicant's attorney subsequently appealed. On May 13, 2015, the applicant reported multifocal complaints of neck, low back, and lower extremity pain. The applicant acknowledged that his low back pain was in fact his primary pain generator. On April 15, 2015, the applicant again reported ongoing complaints of neck, low back, and lower extremity pain. The applicant again acknowledged that the low back was the primary pain generator. The applicant was using a cane to move about, it was reported. The applicant had also undergone surgery to ameliorate an ankle fracture, in 2009, it was incidentally noted. Derivative complaints of depression and anxiety were reported. In a December 24, 2014 progress note, the applicant again reported multifocal pain complaints of neck pain, upper back pain, lower back pain, elbow pain, and foot pain. The applicant had received epidural steroid injection as well as a functional restoration program, it was acknowledged. Ketamine cream, Protonix, a Diclofenac-containing cream, Prozac, Norco, and Norflex were continued and/or renewed. The applicant's work status was not explicitly detailed, although the applicant did not appear to be working. Activities of daily living as basic as standing and walking remained problematic, the applicant reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) container of Diclofenac Sodium 2.5% 60 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (Diclofenac) Page(s): 112.

Decision rationale: No, the request for a Diclofenac-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Diclofenac has "not been evaluated" for treatment involving the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generator was, in fact, lumbar spine, it was reported on multiple office visits, referenced above, i.e., a body part for which topical Diclofenac has "not been evaluated." The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Norflex, etc., effectively obviated the need for the Diclofenac-containing cream in question, it is further noted. Therefore, the request was not medically necessary.