

Case Number:	CM15-0132008		
Date Assigned:	07/20/2015	Date of Injury:	07/26/2010
Decision Date:	08/26/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 56 year old male who reported an industrial injury on 7/26/2010. His diagnoses, and or impression, were noted to include: lumbar region sprain/strain; lumbosacral spondylosis; and lumbar facet arthropathy. No current imaging studies were noted. His treatments were noted to include medication management; and permanent work restrictions. The progress notes of 6/10/2015 reported continued lower back pain made worse with activity, and made better with rest, exercise creams and medication; and the need for a refill of his Diclofenac cream. Objective findings were noted to include: complaints of headaches and no acute distress. The physician's requests for treatments were noted to include the continuation of Diclofenac Sodium topical cream as an anti-inflammatory cream to apply to affected area as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm #1: 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): 111-113.

Decision rationale: The patient was injured on 07/26/10 and presents with lumbar spine pain. The request is for DICLOFENAC SODIUM 1.5% 60 GM #1 apply to affected area three times a day. There is no RFA provided and the patient is permanent and stationary. He has permanent work restrictions of the following: "The patient is precluded from lifting trash or linen bags/bins over 30 pounds. He is also precluded from buffing/waxing the floors. Patient is precluded from mopping on stairs. No pushing and pulling greater than 40 pounds. Patient requires a 10 min break every 4 hours." The patient has been using this anti-inflammatory cream as early as 01/17/15. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient is diagnosed with lumbar region sprain/strain, lumbosacral spondylosis, and lumbar facet arthropathy. In this case, the patient has been using this topical cream since 01/17/15 which exceeds the 4-12 weeks recommended by MTUS guidelines. The treater does not document how this topical is exactly used and with what efficacy. Furthermore, the patient presents with lumbar spine pain and MTUS guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Due to lack of support from MTUS guidelines, the requested Diclofenac Sodium is not medically necessary.