

Case Number:	CM15-0161216		
Date Assigned:	08/27/2015	Date of Injury:	02/11/2014
Decision Date:	09/30/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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 was a 58 year old female, who sustained an industrial injury, December 11, 2014. The injury was sustained when the injured worker and a coworker were moving a stacked washer and dryer in tight space. The injured worker noted some minor pain with the activity. The following morning the injured worker was unable to get out of bed. The injured worker previously received the following treatments physical therapy, Diclofenac and Nabumetone-Relafen, lumbar spine MRI and pelvis x-rays. The injured worker was diagnosed with lumbar region sprain and or strain and joint pain in the pelvis and thigh. According to progress note of July 20, 2015, the injured worker's chief complaint was right posterior hip, low back with radiation into the right flank. The injured worker reported the pain will radiate into the lateral right hip and thigh. The injured worker stated extending the leg for prolonged periods of time was painful stretching in the proximal thigh and when the bending the leg at the knee. The injured worker was complaining of balance problems, poor concentration, numbness and weakness. The physical exam noted decreased range of motion of the lumbar spine; extension was 10 degrees and flexion of 50 degrees. The straight leg raises were negative. There were spasms and guarding of the lumbar spine. The treatment plan included retroactive request for prescriptions for Diclofenac and Nabumetone-Relafen from July 20, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Diclofenac Sodium 1.5% 60gm #1, DOS: 07/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac.

Decision rationale: Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines state that FDA-approved agent Voltaren Gel 1% (diclofenac) 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. Diclofenac sodium 1.5% cream is not FDA approved. In addition, diclofenac containing agents are not supported due to an increased risk profile. According to FDA MedWatch, post marketing surveillance of topical diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. Some of these reported cases resulted in fatalities or liver transplantation. In 2009 the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac sodium. The request for Retrospective review of Diclofenac Sodium 1.5% 60gm #1, DOS: 07/20/15 is not medically necessary and appropriate.

Retrospective review of Nabumetone-Relafen 500mg #90, DOS: 07/02/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The long term use of non-steroidal anti-inflammatory medications increases the risk for gastrointestinal and cardiovascular events and the medical records do not establish evidence of objective functional improvement to support the ongoing use of this medication. The request for Retrospective review of Nabumetone-Relafen 500mg #90, DOS: 07/02/15 is not medically necessary and appropriate.