

Case Number:	CM15-0165498		
Date Assigned:	09/03/2015	Date of Injury:	10/18/2011
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female, who sustained an industrial injury on 10-18-11. The injured worker has complaints of right shoulder pain and low back pain. The documentation noted that there is tenderness with spasm noted over the trapezius muscle as well as over the upper and mid back. The diagnoses have included displacement of cervical intervertebral disc without myelopathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 1-27-15 showed at L5-S1 (sacroiliac) a posterior annular tear, four, millimeter midline disc protrusion resulting in abutment of the descending S1 (sacroiliac) nerve roots, bilaterally, with mild central canal narrowing and electromyography and nerve conduction velocity study on 5-28-15 of the bilateral lower extremities was essentially negative. The request was for Diclofenac Patch quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Patch quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for low back and right shoulder pain. She underwent a cervical decompression and fusion in February 2014. When seen, pain was rated at 8-9/10. There was a BMI of 34.5. There was an antalgic gait favoring the right lower extremity. There was cervical spine and trapezius muscle tenderness with spasms and multiple trigger points and decreased spine range of motion. There was lumbar spine tenderness with muscle spasms and multilevel facet tenderness with decreased range of motion. Right piriformis and sacroiliac joint testing was positive. There was decreased lower extremity sensation and right lower extremity strength. Diclofenac in a patch formulation was prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, there is no apparent history of intolerance or contraindication to an oral NSAID. Additionally, if a topical NSAID was being considered, a trial of generic topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. This medication is not medically necessary.