MAXIMUS Federal Services

Case Number:	CM15-0165715		
Date Assigned:	09/03/2015	Date of Injury:	03/29/2014
Decision Date:	10/09/2015	UR Denial Date:	08/17/2015
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: 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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 29, 2014. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for topical diclofenac patches. The claims administrator referenced an August 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of low back pain with associated lower extremity paresthesias. The applicant's medication list included Coumadin, Levoxyl, Mevacor, Oxycodone, Paxil, and Flexeril, it was reported. The note was difficult to follow and somewhat templated but did not seemingly make mention of the topical diclofenac patches at issue. The applicant's work status was not clearly stated. On July 7, 2015, the applicant was given a note to remain off of work for 12 months. Percocet, Flexeril, Topamax, and aquatic therapy were endorsed while the applicant was seemingly kept off of work. The applicant was deemed "disabled," it was suggested in the Social History section of the note. Once again, there was no mention of the topical diclofenac patches at issue. On August 16, 2015, the applicant was again asked to remain off of work for 12 months. Topical diclofenac patches, Valium, Percocet, Paxil, and aquatic therapy were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac patches #30 with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for topical diclofenac patches was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac, i.e., the article at issue, has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac has not been evaluated. The attending provider failed to furnish a clear or compelling rationale for provision of diclofenac for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Percocet, moreover, effectively obviated the need for the topical diclofenac patches at issue. Therefore, the request was not medically necessary.