

<b>Case Number:</b>	CM15-0168642		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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:

The injured worker is a female injured on 10-13-2010. The request is for: Diclofenac Sodium 1.5% 60 grams. The UR dated 7-30-2015, indicated non-certification of Diclofenac Sodium 1.5% 60 grams applied to affected area three times per day. The medical diagnoses have included: plantar fibromatosis, other disorders of synovium tendon bursa, scar conditions and fibrosis of skin, claw toe, equinus deformity of foot, tenosynovitis of foot and ankle, abnormality of gait, and enthesopathy of the ankle and tarsus, neck sprain and strain, thoracic sprain and strain, lumbar sprain and strain, cervicobrachial syndrome, and ankle or foot joint pain. Subjective findings included: On 7-2-2015, she reported right foot pain which was better with gel pads. On 7-7-2015, she reported neck, back, and right foot pain. She is noted to have another claim for low back, neck, and right hip. She indicated continued left side low back pain with no noted radiating pain. On 7-29-2015, she reported a bleeding or clotting problem. She indicated continued history of headaches. Objective findings included: On 7-2-2015, she is noted to have plantar fasciitis on the right that had not completely resolved. She has mild claw toes at 2-4, worsened synovitis of the toes at 2 and 3 with 2 noted to be worse. She is noted to have improved scarring from a cortisone injection and continued forefoot pain. She is noted to have an antalgic gait, laxity in the toe joints, and a negative Tinels. No objective findings are documented for 7-29-2015. A peer to peer conversation is noted regarding the use of topical non-steroidal anti-inflammatory drugs with the provider indicating that this was the only medication being utilized by the injured worker and with notation of improved pain and function. Diagnostic results included: She is reported to have had x-rays of the lumbar spine,

cervical spine, bilateral hip (4-5-2013) which indicated to consider magnetic resonance imaging for further assessment. A magnetic resonance imaging of the right foot (10-15-2011) is reported to have revealed partial tear of the lisfranc ligamentous complex, and mild osteoarthritis in the toes. The treatments to date have included: 4 sessions of chiropractic treatment are noted to have been requested and not authorized. She is using a soft open shoe with straps. She indicated medications to help along with rest. She reported good relief of low back pain with the use of Diclofenac cream used intermittently. She is reported to have completed physical therapy and had benefit. She is continued on a home exercise program. Work status is reported as: restricted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Diclofenac Sodium 1.5% 60gm; apply to affected area TID, #1 (DOS 3/25/15): 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The current request is for Retrospective Diclofenac Sodium 1.5% 60gm; apply to affected area TID, #1 (DOS 3/25/15). Treatments to date have included: 4 sessions of chiropractic treatment, medications, physical therapy, HEP and rest. The patient may returned to modified duty. MTUS Guidelines, NSAIDs (non-steroidal anti-inflammatory drugs) section, pages 111-113, state, "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." Per report 07/07/15, the patient presents with neck, lower back and right foot pain. The treater states that the patient utilizes "diclofenac cream on an intermittent as-needed basis, as this does provide relief of her lower back pain." She denies side effects with medications. Diclofenac Sodium topical has been prescribed to this patient since at least 03/25/15 to decrease pain in the lumbar spine. MTUS support the use of topical Diclofenac for the relief of osteoarthritis pain in joints that are amendable to topical treatment (ankle, foot, hand, knee and wrist). MTUS Guidelines state that there is "little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Therefore, the request is not medically necessary.