

Case Number:	CM15-0187680		
Date Assigned:	10/06/2015	Date of Injury:	03/26/2014
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Internal 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 injured worker is a 45 year old male, who sustained an industrial injury on 3-26-2014. Medical records indicate the worker is undergoing treatment for lumbar disc displacement without myelopathy and sciatica. A recent progress report dated 3-3-2015, reported the injured worker presented for a follow up of lower back pain and reports low back pain with radiation in the right lower extremity. Physical examination revealed antalgic gait, normal extremity muscle tone and strength, lumbar spasm and guarding, positive right straight leg raise test and decreased sensation in the lumbar 3-4 and lumbar 5-sacral 1 dermatomes. Electromyography (EMG) -nerve conduction study (NCS) from 7-30-2014 showed bilateral sacral 1 lumbosacral radiculopathy per the progress notes dated 3-3-2015. Treatment to date has included physical therapy, Relafen, Protonix and Diclofenac cream (since at least 12-8-2014). Sacroiliac joint injections were recommended, but the injured worker declined. The physician is requesting Diclofenac Sodium 1.5% 60gm (date of service 03-03-2015). On 9-15-2015, the Utilization Review noncertified the request for Diclofenac Sodium 1.5% 60gm (date of service 03-03-2015).

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 (DOS 03/03/2015): 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: The FDA does not currently recommend the use of Ketoprofen in a topical application. It has a very high incidence of inducing photosensitivity dermatitis, and the absorption of the drug depends on the base in which it is delivered. Topical treatment can result in blood accumulations and systemic side effects similar to oral injection of the same medication. Patients with renal disease or other systemic diseases should use this medication with caution. Our patient is on Diclofenac, which is a non-steroidal and prone to the same side effects as topical Ketoprofen. Also, the patient is already on oral Relafen, another NSAID, therefore greatly increasing the risk of toxicity. Therefore, the UR was justified in its decision.