

Case Number:	CM15-0189069		
Date Assigned:	09/30/2015	Date of Injury:	02/11/2014
Decision Date:	10/02/2015	UR Denial Date:	09/16/2015
Priority:	Expedited	Application Received:	09/25/2015

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 an employee who has filed a claim for chronic low back, hip, and thigh pain reportedly associated with an industrial injury of February 11, 2014. In a utilization review report dated September 15, 2015, the claims administrator approved a request for Relafen while failing to approve a request for topical diclofenac. The claims administrator referenced a September 4, 2015 progress note in its determination. On September 4, 2015, the attending provider appealed the denial of topical diclofenac. The attending provider acknowledged that the claimant's primary pain generator was seemingly chronic low back pain. Ancillary complaints of anxiety, depression, and hip pain were reported. The claimant was described as morbidly obese. The attending provider seemingly suggested that he was intent on having the applicant employ oral Relafen in conjunction with topical diclofenac. The report was some six pages long. In a progress note dated July 20, 2015, the applicant reported ongoing complaints of low back pain radiating to the right hip. Oral Relafen and topical diclofenac were endorsed. The applicant's primary operating diagnosis was sprain/strain of lumbar region. Twelve sessions of acupuncture were endorsed. Work restrictions were endorsed, although the attending provider acknowledged that the applicant was no longer working and had been terminated by his former employer effective December 2014. On August 17, 2015, the applicant reported heightened complaints of low back and leg pain. The applicant was having difficulty performing activities as basic as lifting and gardening. The applicant's depression symptoms were worsened. The applicant had developed suicidal ideations and hallucinations, it was reported. A psychology consultation, Prozac, topical diclofenac, and oral Relafen were endorsed. The applicant was described as

moderately obese. Work restrictions were endorsed. It was acknowledged that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% 60 grams #1: 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 Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112, 7.

Decision rationale: No, the request for topical diclofenac, a topical anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has 'not been evaluated' for treatment of 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 (Voltaren) has not been evaluated. The attending provider failed to furnish a clear or compelling rationale for provision of topical 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 first-line oral pharmaceuticals to include Relafen, furthermore, effectively obviated the need for the diclofenac compound at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of 'efficacy of medication' into his choice of recommendations. Here, however, the applicant remained off of work, it was acknowledged on office visits of August 17, 2015 and July 20, 2015, referenced above. The applicant continued to report difficulty performing activities of daily living as basic as lifting and/or gardening, it was acknowledged on August 17, 2015. Ongoing usage of topical diclofenac had failed to curtail the applicant's dependence on oral agents such as Relafen. Work restrictions were renewed on August 17, 2015, unchanged from the prior visit of July 20, 2015. The applicant was not working with said limitations in place. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request was not medically necessary.