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| Case Number: | CM15-0190036 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 04/08/2013 |
| Decision Date: | 11/09/2015 | UR Denial Date: | 09/17/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 61-year-old female, with a reported date of injury of 04-08-2013. The diagnoses include status post right knee arthroscopy, right medical meniscus derangement, bilateral shoulder joint pain, cervical spondylosis without myelopathy, and generalized osteoarthritis of the bilateral knees, cervical disc syndrome, shoulder sprain and strain, lumbar disc syndrome, cervical sprain and strain, thoracic sprain and strain, lumbar sprain and strain, and knee sprain and strain. Treatments and evaluation to date have included Tramadol-Acetaminophen, Docusate Sodium (since at least 04-2015), a series of three injections into the right knee (reduced pain by 50%), and chiropractic treatment. The diagnostic studies to date have included a urine drug screen on 06-24-2015, which was positive for Tramadol. The medical report dated 09-01-2015 indicates that the injured worker presented for follow-up of neck, shoulder, back, and knee pain. She continued to have neck pain with radiation into the arms, and associated with numbness and tingling; she also had persistent pain in the low back; and continued to have pain in the right knee and left knee. The objective findings include normal strength of the bilateral upper and lower extremities, normal muscle tone in the bilateral upper and lower extremities, and no swelling or tenderness palpated in any extremity. An electrodiagnostic study of the bilateral upper extremity on 05-02-2015, which showed evidence of right chronic C7 radiculopathy without active denervation. The treatment plan included a prescription of Diclofenac sodium 1.5% 60 grams; apply to affected area three times a day. The injured worker's work status was noted as permanent and stationary. The treating physician

requested Diclofenac Sodium 1.5% cream. On 09-17-2015, Utilization Review (UR) non- certified the request for Diclofenac Sodium 1.5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac, topical (Flector, Pennsaid, Voltaren Gel).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2013 P&S injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Diclofenac Sodium 1.5% cream is not medically necessary and appropriate.