

Case Number:	CM15-0191933		
Date Assigned:	10/05/2015	Date of Injury:	03/25/2012
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/29/2015

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, California

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 3-25-2012. The injured worker is being treated for lumbosacral neuritis and disorders of the sacrum. Treatment to date has included medications, injections and diagnostics. Per the Primary Treating Physician's Progress Report dated 6-01-2015, the injured worker presented for follow-up. He had a previous injection 3-4 months ago which gave him 40-50% relief for approximately one month. Symptoms slowly increased and he is quite pleased, he became much more functional during this time period. He reports increases in back and leg pain, numbing and tingling with burning sensations in both legs. Objective findings included his heel toe gait is such that he has weakness in plantar flexion, dorsiflexion is intact. Straight leg raise is positive bilaterally left greater than right with pain radiating into the calf and foot. There was numbness noted along the lateral aspect of the calf and dorsum of the foot. Work status was modified. The plan of care included bilateral S1 transforaminal epidural steroid injection, wean off narcotics and a prescription for Diclofenac gel. A prescription was written on 6-01-2015 and authorization was requested on 9-02-2015 for Diclofenac gel 5% 300gm. On 9-10-2015, Utilization Review non-certified the request for Diclofenac gel 5% 300gm. The medication list includes Norco, Sentra, Naproxen and Diclofen topical ointment. The patient has had history of stomach upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Gel 5% topical gel 300gms 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain, Diclofenac topical.

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

Decision rationale: Request: Diclofenac Gel 5% topical gel 300gms 1 refill. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. A trial of antidepressants and anticonvulsants for these symptoms was not specified in the records provided. In addition as per cited guidelines for topical non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Evidence of diminished effectiveness of oral medications was not specified in the records provided. The request for Diclofenac Gel 5% topical gel 300gms 1 refill is not medically necessary.