

Case Number:	CM15-0193993		
Date Assigned:	10/07/2015	Date of Injury:	09/20/2006
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old male with a date of injury of September 20, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar or lumbosacral disc degeneration, lumbago, and lumbar radiculitis. Medical records dated June 30, 2015 indicate that the injured worker complained of back pain left greater than right with radiation to the left leg. Records also indicate the injured worker's pain was rated at a level of 8 out of 10 on average, 9 out of 10 without medications, and 7 out of 10 with medications. A progress note dated August 5, 2015 documented complaints similar to those reported on June 30, 2015, with pain rated at a level of 7 out of 10 on average, 8 out of 10 without medications, and 6 out of 10 with medications. Per the treating physician (August 5, 2015), the employee has not returned to work. The physical exam dated June 30, 2015 reveals limping gait, lumbar paraspinous tenderness to palpation, limited range of motion of the lumbar spine, and decreased sensation of the bilateral anterior thighs. The progress note dated August 5, 2015 documented a physical examination that showed no changes since the examination performed on June 30, 2015. Treatment has included medications (Norco 7.5-650mg three times a day, Zanaflex 2mg twice a day, and Tizanidine HCL 2mg since at least March of 2015) and lumbar epidural steroid injections. The treating physician documented (April 3, 2015) that the injured worker showed "No aberrant behavior." The original utilization review (September 15, 2015) non-certified a request for Diclofenac Solution 1.5% 150ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sol 1.5%, 150ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs (non-steroidal anti-inflammatory agents).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996) Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel, 2000) The medical records do not support that the insured has been tried on oral NSAIDs and failed or demonstrated intolerance. As such, topical use of NSAIDS is not supported. Therefore, the request is not medically necessary.