

<b>Case Number:</b>	CM15-0209440		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	06/03/2008
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Montana, Oregon, Idaho  
Certification(s)/Specialty: Orthopedic Surgery

### 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 58 year old female who sustained an industrial injury on 6-3-2008. A review of the medical records indicates that the injured worker is undergoing treatment for closed head trauma with history of migraines and persistent insomnia complicated by migraines. According to the progress report dated 7-30-2015, the injured worker complained of headache and migraines. She used Ambien for assistance in sleeping. Per the treating physician (6-18-2015), the injured worker was currently working as a teacher. The physical exam (4-16-2015) revealed limited cervical range of motion and axial pain to the neck. Treatment has included Botox and medications. Current medications (7-30-2015) included Axert, Ambien and Diazepam. The request for authorization was dated 7-21-2015. The original Utilization Review (UR) (10-22-2015) denied a request for Diclofenac 5% compound topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 5% compound topical cream, 240gms:** Upheld

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

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

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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." Diclofenac is the only FDA approved topical NSAID. Other NSAIDs have a high rate of photosensitive reactions and are not recommended. In this case the worker was injured in 2008 and is being treated for headaches, insomnia and cervicgia. There is no indication of a diagnosis of neuropathic pain in the documentation. Therefore, the request does not meet the criteria set forth in the guidelines and is not medically necessary.