

<b>Case Number:</b>	CM15-0209713		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 3, 2014. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for topical diclofenac, apparently ordered on September 14, 2015. The applicant's attorney subsequently appealed. On said September 14, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating into the left lower extremity. The applicant had recently completed acupuncture, the treating provider reported. The applicant was asked to consider epidural steroid injection therapy and/or sacroiliac joint injection. Acupuncture was sought. The applicant was given a prescription for topical diclofenac. The applicant's work status was not clearly reported.

### 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 gm:** 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:** No, the request for topical diclofenac 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, per the September 14, 2015 office visit at issue was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the tepid-to-unfavorable MTUS position on the same for the body part in question, the lumbar spine. Therefore, the request was not medically necessary.