

Case Number:	CM15-0020412		
Date Assigned:	02/10/2015	Date of Injury:	03/06/2006
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/03/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 62-year-old female, who sustained an industrial injury on March 6, 2006. The diagnoses have included lumbosacral spondylosis without myelopathy, encounter for long term use of other medications, radiculitis thoracic/lumbosacral, post laminectomy syndrome lumbar, opioid dependence unspec, pain in joint-knee and low back pain syndrome. Treatment to date has included pain medication. Currently, the injured worker complains of lower backache, and left extremity pain. In a progress note dated January 21, 2015, the treating provider reports on the thoracic spine tendinous on her IPG site, lumbar spine reveals tenderness to the spinous process on L4 and L5, lumbar facet loading is positive on both sides, straight leg raising is positive on the left side in sitting, and FABER test is positive. On January 30, 2015 Utilization Review non-certified a Diclofenac sodium three percent quantity one, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 3 Percent 200 Gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Diclofenac

Decision rationale: Diclofenac is the topical non-steroidal anti-inflammatory drug (NSAID). Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is 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. In this case, there is no documentation in the medical record to support the diagnosis of osteoarthritis. Medical necessity has not been established. Therefore, the request is not medically necessary.