

Case Number:	CM15-0022754		
Date Assigned:	02/12/2015	Date of Injury:	05/16/2013
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42 year old female, who sustained an industrial injury on May 16, 2013. The diagnoses have included annular bulging at L4-5, L3-4 with mild central canal stenosis and bilateral foraminal narrowing at L3-4 and L4-5 most pronounce on the right at L4-5. Treatment to date has included functional restoration program, thumb Spica splint, and cane, Magnetic resonance imaging of lumbar spine on October 2, 2013 and lumbar X-ray on July 5, 2013 and aqua therapy. Currently, the injured worker complains of low back pain and right wrist pain secondary to de Quervain's tenosynovitis from using her straight cane in the right hand. In a progress note dated December 9, 2014, the treating provider reports poor balance, concentration, memory loss, seizures, tremors and weakness, anxiety, depression and suicidal thoughts but denies hallucinations. On January 14, 2015 Utilization Review non-certified a Diclofenac sodium 1.5% 60 grams quantity two, 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 1.5% 60 grams, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS, Topical Analgesics Page(s): 107, 111.

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as lumbar spine pain and shoulder pain. Therefore request for Diclofenac sodium 1.5% 60 grams, #2 is not medically necessary.