

<b>Case Number:</b>	CM15-0028729		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 female injured worker who sustained an industrial injury on August 10, 2008. The mechanism of injury is unknown. The diagnoses have included neck pain, sciatica and sprain/strain of lumbar region. Treatment to date has included diagnostic studies, medications, chiropractic treatment, physical therapy, acupuncture and TENS unit. On February 9, 2015, the injured worker complained of increasing back pain. She continues to have radicular symptoms into her left lower extremities described as a muscle cramping sensation. She also noted ongoing neck pain with radiation into her bilateral extremities that is made worse with extended periods of activity, especially when she is working. On February 12, 2015, Utilization Review non-certified Diclofenac sodium 1.5% 60gm, noting the CA MTUS and Official Disability Guidelines. On February 17, 2015, the injured worker submitted an application for Independent Medical Review for review of Diclofenac sodium 1.5% 60gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 1.5% #60gm (DOS: 11/06/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 01/19/2015, Topical Diclofenac

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 - 113.

**Decision rationale:** The patient has neck pain and back pain. Diclofenac is a NSAIDS. MTUS guidelines note that the efficacy for NSAIDS topical treatment is not consistent. NSAIDS topical treatment has been superior to placebo for only the first two weeks. MTUS also states that NSAIDS topical is not recommended treatment for the spine. Diclofenac 1.5% is not medically necessary for this patient.