

Case Number:	CM15-0215846		
Date Assigned:	11/05/2015	Date of Injury:	01/28/2014
Decision Date:	12/16/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/03/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 32 year old female injured worker suffered an industrial injury on 1-28-2014. The diagnoses included lumbosacral spondylosis. On 9-18-2015 the injured worker noted the Voltaren Gel gave a reduction of pain from 6 out of 10 to 4 out of 10. On 10-15-2015 the provider reported pain in the low back radiating down the right lower extremity. She continued with a home exercise program. He reported the Diclofenac topical had local relief of about 30%. On exam the lumbar spine had reduced range of motion with guarding and spasms. The Diclofenac topical had been in use at least since 4-27-2015. Prior treatments included physical therapy, chiropractic therapy and acupuncture, Tramadol and Nabumetone. Tramadol and Nabumetone were discontinued as they were not authorized. Diagnostics included lumbar magnetic resonance imaging 1-21-2015. Utilization Review on 10-28-2015 determined non-certification for Diclofenac 1.5 Percent Topical Solution #1 Tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5 Percent Topical Solution #1 Tube: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 1.5% topical solution #1 tube is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself 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, the injured worker's working diagnoses are spondylosis without myelopathy or radiculopathy, lumbosacral region; and calcaneal spur, right foot. Date of injury is January 28, 2014. According to progress note dated April 27, 2015, the treating provider prescribed diclofenac to the injured worker. According to the most recent progress note dated October 15, 2015, the injured worker has ongoing low back pain that radiates to the right lower extremity. The injured worker is engaged in a home exercise program. Objectively, lumbar extension is 10 and lumbar flexion's 50. Straight leg raising was negative and there is spasm present. Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). Diclofenac gel is not indicated for back pain. There is no documentation indicating osteoarthritis pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of osteoarthritis pain in a joint that lends itself to topical treatment, Diclofenac 1.5% topical solution #1 tube is not medically necessary.