

Case Number:	CM15-0222690		
Date Assigned:	11/18/2015	Date of Injury:	03/30/2012
Decision Date:	12/30/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/12/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 38 year old male who sustained an industrial injury on 03-30-2012. According to a progress report dated 09-14-2015, the injured worker continued to report low back pain. He could not lie flat and had significant pain with leaning back. He had been approved for acupuncture, and his first visit was scheduled for the following day. He had a consultation for a second opinion on 09-04-2015 for his left shoulder. An injection and physical therapy and possible surgery was recommended. He was seen by another office for treatment of knee pain on a nonindustrial basis and was given medications that caused significant gastrointestinal upset. He was currently not taking anything for pain because he experienced gastrointestinal upset with oral medications. He reported that he was previously receiving benefit with the use of topical Diclofenac cream. It helped improve his tolerance for standing and using his left arm while at work and improved his sleep quality. MRI of the left shoulder performed on 02-08-2015 revealed high grade stripping of enthesal fibers of supraspinatus tendon, swelling and small interstitial delamination with intramuscular ganglion at the infraspinatus edge and down-sloping curved acromion with broad sharply marginated spur is probably chronically impinging the cough and the bursa. Significantly narrowed outlet was noted. MRI of the lumbar spine performed on 02-08-2015 revealed lumbar degenerative disease of predominantly in facet joints. There was no evidence of neural impingement in the lumbar spine. Current medications listed included Ibuprofen 800 mg twice a day. Diagnoses included sprain strain lumbar region and sciatica. The treatment plan included Diclofenac Sodium cream 1.5% 60 grams three times a day to the affected area quantity 2. An authorization request dated 09-24-2015 was submitted for

review. The requested services included Diclofenac Sodium 1.5% 60 grams, apply to affected area three times a day quantity 2 for date of service 09-14-2015. Follow up was indicated in 4 weeks. Work status was noted as permanent and stationary. On 10-06-2015, Utilization Review non-certified the request for Diclofenac Sodium 1.5% 60 grams #2.

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 # 2: 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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines regarding the use of topical NSAIDs "the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In this case the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.