

Case Number:	CM15-0050040		
Date Assigned:	03/23/2015	Date of Injury:	06/16/2008
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female sustained an industrial injury on 6/16/08. She subsequently reported neck and shoulder pain. Diagnoses include cervical spondylosis, cervical disc degeneration, cervical disc displacement, cervicgia and cervical radiculopathy. Diagnostic testing has included nerve conduction studies, x-rays and MRIs. Treatments to date have included multiple surgeries, injections, TENS therapy, physical therapy and prescription pain medications. The injured worker continues to experience neck, bilateral shoulder and arm pain as well as headaches. A retrospective request for Diclofenac Sol 1.5% day supply: 8 #300, 4 refills was made by the treating physician. A progress report dated August 14, 2014 states that the patient is allergic to "all NSAIDs."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Diclofenac Sol 1.5% day supply: 8 #300, 4 refills (DOS: 2/20/15):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 - (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Diclofenac gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Diclofenac gel. Additionally, it is unclear why an NSAID would be prescribed in a patient who is noted to be allergic to "all NSAIDs." Furthermore, there is no documentation that the Diclofenac is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Diclofenac gel is not medically necessary.