

Case Number:	CM14-0115842		
Date Assigned:	08/04/2014	Date of Injury:	09/19/2007
Decision Date:	10/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 27-year-old female was reportedly injured on 9/19/2007. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 6/16/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated normal gait and normal muscle tone in the bilateral upper and lower extremities. No recent diagnostic studies are available for review. Previous treatment included injections, radiofrequency ablation, medications, TENs unit, and conservative treatment. A request had been made for Diclofenac sodium topical 1.5% 60 gm and was non-certified in the pre-authorization process on 6/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium Topical 1.5% 60gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Diclofenac is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that Diclofenac

poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox-2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid Diclofenac as a first-line non-steroidal anti-inflammatory medication. There is no indication in the record that the claimant has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request is deemed not medically necessary.