

Case Number:	CM14-0129882		
Date Assigned:	08/20/2014	Date of Injury:	10/04/2003
Decision Date:	09/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/14/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 55-year-old female with a reported date of injury on 10/04/2003. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include ankle foot pain and shoulder pain, lumbar disc displacement without myelopathy, degenerative lumbar/lumbosacral disc disease, and generalized anxiety disorder. Her previous treatments were noted to include acupuncture, epidural steroid injection, and medications. The progress note dated 07/09/2014 revealed complaints of low back pain. The injured worker reported continued relief of her low back pain with the injection and reported she felt more clear headed which she attributed to being less focused on her pain and better able to complete other tasks. The injured worker reported the best relief of her pain was a combination of her medication for sleep as well as the injection. The physical examination revealed the injured worker had an antalgic gait and there was no muscle tone atrophy in the upper and lower extremities and no edema or tenderness palpated in any extremity. The progress note dated 08/08/2014 revealed the injured worker complained of worsening back pain and continued to have bilateral foot pain, right forearm pain and hand numbness. The physical examination revealed an antalgic gait, no edema or tenderness palpated in any extremity and normal muscle tone without atrophy in the bilateral lower extremities. Her medication regimen was noted to include Lidoderm 5% patch apply 3 patches 12 hours on 12 hours off, Synovacin-Glucosamine Sulfate 500 mg #90 two to 3 tablets every day for joint supplements, Diclofenac Sodium 1.5% 60 gm apply to affected area 3 times a day for anti-inflammatory cream. The Request for Authorization Form dated 07/09/2014 was for Diclofenac Sodium 1.5% 60 gm, apply to affected area 3 times a day for anti-inflammatory cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 percent 80grm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent. Most studies are of small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either no afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guideline's indication for topical NSAIDs is osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines do not recommend topical NSAIDs for neuropathic pain, as there is no evidence to support use. There is lack of documentation regarding the efficacy of this medication, and the injured worker has not been diagnosed with osteoarthritis. The guidelines recommend Voltaren Gel 1% for osteoarthritis pain in joints that lend themselves to topical treatments and the requested Diclofenac 1.5% exceeds guideline recommendations. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.