

Case Number:	CM14-0139180		
Date Assigned:	09/05/2014	Date of Injury:	03/12/2014
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 Family Practice and is licensed to practice in Texas and Missouri. 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 34-year-old female who reported an injury on 03/12/2014. The injured worker was working as a housekeeper when she fell through a doorway down a flight of 7 to 8 stairs. She sustained injuries to her right lower extremity. The injured worker's treatment history included physical therapy, x-rays, MRI studies, and medications. The injured worker was evaluated on 08/08/2014, it was documented the injured worker complained of neck, right shoulder, low back, right knee and right ankle pain. She continued to report having significant pain along the right side of her body, specifically in her right paraspinal muscles of the lumbar spine and her right shoulder and right upper extremity. She had pain in the right shoulder and weakness in the right arm. She had great difficulty with using the right arm to lift anything. She also had significant pain in the right knee and right ankle. Physical examination of the lumbar spine revealed lumbar extension was noted to be 10 degrees limited due to pain and flexion was noted to be 20 degrees limited due to pain. The lumbar spine showed spasm and guarding in the right lumbar paravertebral region. Straight leg raise was negative on the right. Range of motion revealed 130 degrees flexion, abduction was not past 90 degrees, external rotation was full at 90 degrees but internal rotation was limited around 40 degrees. Extension was full at 50 degrees and adduction was around 20 degrees. There was tenderness over the right AC joint. Impingement signs were positive. Range of motion in cervical spine was relatively well preserved with the injured worker able to bring her chin to her chest, extend around 45 degrees and rotate and tilt to left and right to around 40 degrees. Spasm and guarding was noted at the base of cervical spine. Knee flexion was limited to around 90 degrees, extension was about 10 degrees short of 180. There was peripatellar tenderness and medial lateral tibial plateau tenderness. There was both medial and lateral joint line tenderness at the ankle, but she had most of her pain with eversion at the right ankle. The provider noted the injured worker has previous

history of nausea and heart palpitations secondary to the use of oral NSAIDS such as naproxen. She preferred not to take this medication. The provider had given her diclofenac cream to help with inflammation and pain over the various painful body parts. She stated that this was helpful to decrease her pain. She had been using the diclofenac cream over her lumbar spine, right shoulder, right knee and right ankle. Diagnoses included sprain/strains of the neck, sprain/strain of the lumbar region, pain in joint shoulder, pain in joint of lower leg, pain in joint in ankle foot. Medications included tramadol and ketamine 5% cream. The Request for Authorization was not submitted for this review.

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 60 GRM: Upheld

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

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

Decision rationale: The request for Diclofenac Sodium 1.5 percent 60 GRM is not medically necessary. Chronic Pain Medical Treatment Guidelines state that topical analgesics. 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). 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. Non-steroidal ant inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are 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 not 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. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documents submitted review failed to indicate outcome measurements of pain medication management. Additionally, the guidelines do not recommend topical NSAIDS to be

no more than 4-12 weeks duration could not be established. As such the request is not medically necessary.