

Case Number:	CM14-0145183		
Date Assigned:	09/12/2014	Date of Injury:	04/22/2010
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 67-year-old female with a 4/22/10 date of injury. At the time (8/6/14) of the request for authorization for Diclofenac Sodium 3% JG 20mg #180, Baclofen 20mg TA #180, and Calcipotrience 0.005% OA #180, there is documentation of subjective complaints that the injure worker was still in a lot of pain. Objective findings include decreased range of motion of lumbar spine, walks with a slow gait, and tenderness along spine. The current diagnoses include chronic low back pain, right hip pain, and anxiety. Treatment to date includes medication. Medical reports identify the medications prescribed are topical compounded creams. Regarding Diclofenac Sodium 3% JG 20mg #180, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs, and used as second line treatment. Regarding Calcipotrience 0.005% OA #180, there is no documentation of chronic, moderately severe psoriasis of the scalp

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 3% JG 20mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Diclofenac Sodium 1.5%. Official Disability Guidelines (ODG) identifies documentation of failure of an oral non-steroidal anti-inflammatory drug (NSAID) or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of Diclofenac Sodium Gel. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, right hip pain, and anxiety. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac Sodium 3% JG 20mg #180 is not medically necessary.

Baclofen 20mg TA #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, right hip pain, and anxiety. In addition, there is documentation that the medications prescribed are topical compounded creams. However, the requested Baclofen 20mg TA #180 contains at least one drug (Baclofen) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Baclofen 20mg TA #180 is not medically necessary.

Calcipotrience 0.005% OA #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/calcipotriene.html>

Decision rationale: MTUS and Official Disability Guidelines (ODG) do not address the issue. Medical Treatment Guidelines identify documentation of chronic, moderately severe psoriasis of the scalp, as criteria necessary to support the medical necessity of Calcipotriene. Within the medical information available for review, there is documentation of diagnoses of chronic low back pain, right hip pain, and anxiety. However, there is no documentation of chronic, moderately severe psoriasis of the scalp. Therefore, based on guidelines and a review of the evidence, the request for Calcipotriene 0.005% OA #180 is not medically necessary.