

Case Number:	CM14-0146341		
Date Assigned:	09/12/2014	Date of Injury:	08/02/2012
Decision Date:	10/15/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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 Orthopedic Surgery 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:

The claimant is a 45-year-old with an industrial injury dated August 12, 2012. MRI dated April 26, 2013 provides evidence of a 2mm disc bulge with moderate facet arthrosis at L3-4, but no evidence of central stenosis or nerve root impingement. The patient underwent a bursa injection as of November 2013 without benefit. The patient is status post left shoulder surgery as of March 27, 2014. Xrays dated 06/25/14 of the left rib provide no evidence of a low rib fracture. Cervical MRI of April 14, 2014 demonstrate that the patient has a C5-6 central 1mm disc protusion and no foraminal stenosis. Exam note August 12, 2014 states that the patient returns with left shoulder pain that is radiating to the cervicobrachial region and into the left axilla and chest. The patient also complains of low back pain that is radiating to the lower extremities. Arm pain and numbness in his left hand and swelling in the left wrist is also an additional complaint. The patient reports that he has trouble sitting for a long period of time. The patient was diagnosed with a sprain/strain of the neck, thoracic region, lumbar disc displacement with myelopathy, and shoulder joint pain. Current medications include Diclofenac sodium, Ketamine cream, and Oxycodone. Treatment includes a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% 60gm: 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): 111-112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are 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. 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. Therefore the request for Diclofenac sodium 1.5% 60 gm is not medically necessary or appropriate.