

Case Number:	CM14-0160867		
Date Assigned:	10/06/2014	Date of Injury:	01/10/2010
Decision Date:	11/07/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	09/30/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 34 year old female with a date of injury on 1/10/12. Diagnoses include chronic back pain, right knee and right rib pain, and left knee patellar bursitis. Subjective complaints are of thoracic and lumbar pain radiating to the right ribs. Physical exam shows limited lumbar range of motion and painful paraspinal muscle spasm. Medications include Norco, Ambien, Xanax, and Kera-Tek gel. Request is for Diclofenac Ophthalmic Solution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium Ophthalmic Solution: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 24, 78, 111-113.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Eye, Topical NSAIDS.

Decision rationale: The ODG states that topical NSAIDS, including Diclofenac and Ketorolac, appear to be safe and effective analgesics in the treatment of traumatic corneal abrasions. For this patient, submitted medical records do not identify any history of eye trauma, or objective

evidence of eye pathology. Therefore, the medical necessity for Diclofenac Ophthalmic is not established.