

Case Number:	CM14-0211274		
Date Assigned:	12/24/2014	Date of Injury:	07/23/1999
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

65y/o female injured worker with date of injury of 7/23/99 with related neck and low back pain. Per note dated 12/9/14, the injured worker stated that her back and leg pain seemed to be worsening with time. She had numbness in the left leg along with weakness. Per physical exam, the injured worker was noted to be morbidly obese with antalgic gait. Achilles reflexes were absent bilaterally. Patella reflexes were absent bilaterally. Straight leg raise was positive on the left. Spasm and guarding was noted in the lumbar spine. Dorsiflexion strength was 4/5 on left. Extensor hallucis longus motor strength was 4/5 on left. Plantarflexion strength was 4/5 on left. She was refractory to physical therapy. Treatment has included medication management. The date of UR decision was 12/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% with no refills: Overturned

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: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) 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)." Voltaren Gel (diclofenac sodium) specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The documentation submitted for review indicates that the injured worker has arthritis and has failed oral NSAIDs such as Aleve, naproxen, and aspirin. It was noted that the injured worker has a positive response to this medication including improvement in her pain and tolerance for standing and walking. I respectfully disagree with the UR physician's assertion that the documentation did not contain evidence of failure of oral NSAIDs. The request is medically necessary.