MAXIMUS Federal Services

Case Number:	CM14-0215909		
Date Assigned:	01/05/2015	Date of Injury:	04/04/2000
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/23/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

This injured worker has a work injury date of 04/04/2000 and has chronic low back and knee pain. Her care is being managed by a pain management specialist. The mechanism of the injury and the injured worker (IW) age is not found in the documentation provided. On 11/06/2014 the IW was seen by a pain management specialist for chronic low back pain with knee pain. On examination there was no abnormality in her gate, muscle tone was normal in all extremities, lumbar extension was 15 degrees, flexion was 80 degrees, lateral bending was 15 degrees with pain at end range on the left and right lateral bending was 20 degrees. Straight leg raise was negative and there was spasm and guarding in the lumbar spine. No mention is made of a knee exam although both knee pain and back pain are mentioned in her treatment plan. The current diagnosis bilateral neuroforaminal stenosis L5-S1, status post right knee arthroplasty, lumbar degenerative disc disease, bilateral lower extremity deep vein thrombosis, status post left knee replacement, stenosis spinal lumbar, pain in joint lower leg, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, therapeutic drug monitor, long term use of medications necessary for chronic pain relief. There are no records included of diagnostic studies. Her treatment plan includes use of the compound medication Diclofenac Sodium 1.5% ointment applied three times daily as an anti-inflammatory and Hydrocodone/APAP 10/325 mg tablets, 1 tablet every 8 hours as needed for pain. She is noted to do quite well with her medication regimen for management of the chronic low back pain and knee pain with the 10/09/2014 progress report indicating that she has 50% pain reduction lasting a few hours with the medication. The medications have allowed her to continue working and tolerate daily

errands. On 11/18/2014, a request for authorization (ROA) was made to the Utilization Review (UR) organization for retrospective compound medication Diclofenac sodium 1.5% 60gm and retrospective Hydrocodone/APAP 10/325mg #30. After reviewing the ROA and medical records provided inclusive of the 10/09/2014 notes, the UR physician certified the Hydrocodone/APAP 10/325mg #30 and noncertified the compound medication diclofenac sodium 1.5% 60 gm. This determination was based on CA-MTUS (California Medical Treatment Utilization Schedule) guidelines Topical Analgesics. It was noted that there was no rationale for dispensing the Diclofenac sodium 1.5% ointment as opposed to a FDA prescribed medication. An application for Independent Medical Review (IMR) was made on 12/23/2014 for the denied Retrospective compound medication Diclofenac sodium 1.5% 60gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound medication diclofenace sodium 1.5% 60gm: Overturned

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: This patient presents with chronic low back and knee pain. The current request is for RETRO COMPOUND MEDICATION DICLOFENAC SODIUM 1.5% 60GM. The Utilization review non-certified the request for topical Diclofenac sodium stating that there is no rationale why the patient is being dispensed Diclofenac sodium 1.5% ointment as opposed to a FDA prescribed medication.For topical agents, the MTUS Guidelines page 111 states, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS further states Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder.In this case, a prescription for Diclofenac sodium 1.5% 60 gm is first noted in progress report dated 5/13/14 and the patient has been using the medication consistently at least since then. Progress report dated 6/9/14 states, advised that her function is improved, she gets analgesia and has no side effects. She feels activities of daily living are definitely improved with medication compared to without them. On 7/25/14, the patient reported being able to participate in a home exercise program and is able to walk frequently with medications. Progress report dated 8/26/14 notes that she finds that the topical cream is very effective. With her current medication regimen the patient is able to stand and walk better. The patient presents with chronic knee pain and the treating physician has documented that Diclofenac topical have been beneficial in relieving pain and increasing function. This request IS medically necessary