

Case Number:	CM15-0125831		
Date Assigned:	07/10/2015	Date of Injury:	10/14/1999
Decision Date:	09/10/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 injured worker is a 45 year old female who sustained an industrial injury on 10/14/1999 resulting in pain to the neck, upper back, back and right wrist. Treatment provided to date has included: chiropractic treatments, physical therapy, medications, and conservative therapies/care. Diagnostic tests performed include: electrodiagnostic testing suggesting diabetic polyneuropathy. Co-morbidities included diabetes. There were no other dates of injury noted. On 04/23/2015, physician progress report noted complaints of ongoing pain to both hands and wrist, left elbow and shoulder, and neck without changes. There was no pain rating or description of the pain mentioned. Additional complaints included low back pain that radiates down into the left anterior thigh and knee, and increased muscle pain with prolonged sitting and rising from the seated position. Current medications include Norco, gabapentin, glipizide and Janumet XR. Oral anti-inflammatory medications were noted to not be tolerated by the injured worker due to gastritis side-effects. The physical exam revealed spasm and guarding in the lumbar spine. No other abnormalities were noted. The provider noted diagnoses of sprain or strain of the lumbar region, cervicobrachial syndrome, pain in hand joint, and sprains and strains of the neck. Plan of care includes continued medications with a new prescription for diclofenac sodium topical analgesic for the muscle cramping in the legs and low back, and in the upper extremities, and follow-up in 4 weeks. The injured worker's work status remained permanently partially disabled. The request for authorization and IMR (independent medical review) includes: retrospective request for diclofenac sodium 1.5% 60gm with a dated of service of 04/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: (04/21/15) Diclofenac sodium 1.5% 60gm: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS, Voltaren gel is indicated for relief of osteoarthritis pain in joints that are accessible for the application of topical analgesics (ankle, elbow, foot, hand, knee, and wrist). Voltaren has not been evaluated or approved for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. The MTUS goes on to state that topical analgesics are largely experimental with few trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trial of antidepressants and anti-convulsants have failed. Topical Non-steroidal anti-inflammatory agents (NSAIDs) like Voltaren have shown to be effective in the treatment of osteoarthritis, but efficacy decreases over the first 2 weeks. Additionally, topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs may be recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Although it is noted that the injured worker is intolerant to oral NSAIDs, topical NSAIDs are recommended for osteoarthritis (not in spine, shoulder or hip), and musculoskeletal pain, but only for short-term use. The treating physician did instruct the injured worker to use this medication muscle cramping in the legs and low back, and for pain in the upper extremities (wrist). This medication is not recommended or approved for the treatment of the spine, hip or shoulder. There was no evidence that the injured worker has been prescribed this medication in the past. Since the evidence indicates that the injured worker's pain in the low back is musculoskeletal and instructions for use coincide with the guidelines, the request for diclofenac sodium 1.5% 60gm is medically necessary.