

Case Number:	CM15-0126759		
Date Assigned:	07/13/2015	Date of Injury:	01/26/2012
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 51 year old male patient who sustained an industrial injury on 01/26/2012. The accident was described as while working regular duty he slipped fell striking his head and low back and resulting with injury. The most recent primary treating office visit dated 06/09/2015 reported the patient with subjective complaint of having low back pain and left leg pain. The patient noted starting employment with a new firm as a driver and has discontinued the use of Tramadol secondary to the aforementioned. He has been utilizing a transcutaneous nerve stimulator unit which provides him with functional benefit of increased tolerance for sitting; along with a 30% decrease in pain with the use of this unit. A magnetic resonance imaging study done on 07/25/2013 showed L5-S1 disc protrusion centrally and eccentric toward the left with anterior displacement of the descending left S1 nerve root. The following diagnoses were applied: lumbar disc displacement without myelopathy; disorder sacrum, and sciatica. Of note, he is a recent graduate of a functional restoration program and continues with home exercise program and wishes to defer any surgical intervention or invasive treatment at this time. He is to remain permanent and stationary with permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The medical documents do not indicate failure of anti-depressants or anti-convulsants. MTUS states, "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." MTUS specifically states for Voltaren Gel 1% (diclofenac) that is it "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for the lumbar spine. As such, the request for Diclofenac sodium 1% cream is not medically necessary.