MAXIMUS Federal Services

Case Number:	CM15-0067782		
Date Assigned:	04/15/2015	Date of Injury:	06/16/2012
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 61-year-old female, who sustained an industrial injury on 06/16/2012. The injury was to the low back. The diagnoses have included lumbosacral spondylosis without myelopathy; sacroiliac instability; and closed fracture lumbar vertebra without spinal cord injury. Treatment to date has included medications, diagnostics, and injections. Medications have included Norco, Ibuprofen, and Omeprazole. A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain rated 6/10 on the visual analog scale; and the back pain is constant with intermittent flare-ups. Objective findings included tenderness in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels; and range of motion of the lumbar spine is restricted. The treatment plan has included the request for Diclofenac SOL 1.5% (90-day supply) quantity 300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac SOL 1.5 % (90-day supply) Qty 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pennsaid (diclofenac sodium topical solution).

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, Topical analgesics.

Decision rationale: Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics. There is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. For topical NSAIDs, the efficacy is not well established. The only FDA-approved NSAID medical for topical use is diclofenac, which is only indicated for joint osteoarthritis. In this case, only short-term use is recommended (4-12 weeks) for knee or elbow joints, not in the spine, hip, or shoulder. Medical documentation does not indicate a clear indication for the use of topical analgesics. There is no evidence of neuropathic or osteoarthritic pain, and use for back pain is not recommended. The patient is on multiple other medications that would be considered first and second line therapies. It does not appear from the medical documentation that all primary and secondary treatment options have been exhausted. The medical documentation does not provide any extenuating circumstances to justify adding this medication to the regimen. Therefore, the request for Diclofenac SOL 1.5% #300, is not medically necessary.