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| Case Number: | CM15-0072961 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 06/13/2002 |
| Decision Date: | 05/20/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 female, who sustained an industrial injury on 06/13/2002. On provider visit dated 01/02/2015 the injured worker has reported neck and low back pain. On examination of the cervical spine was noted to have tenderness over the paraspinal and facet joints. Range of motion was noted to be decreased in all planes. The diagnoses have included chronic pain syndrome, lumbar degenerative disc disease, neck pain and cervical degenerative disc disease. Treatment to date has included injections, TENS unit, acupuncture, psychology therapy, medication, physical therapy and home exercise program. The provider requested Diclofenac Solution 1.5% 150 gm 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Solution 1.5% 150 gm 30 Days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Diclofenac (Voltaren) Page(s): 111-112; 43.

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

Decision rationale: Diclofenac Solution 1.5% 150 gm 30 Days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical NSAIDS are recommended for short-term use (4-12 weeks). The documentation does not indicate inability to take oral medications. The request does not state what body part the solution is for and topical analgesics are not indicated for the spine. The request for Diclofenac solution is not medically necessary.