

Case Number:	CM13-0010066		
Date Assigned:	03/12/2014	Date of Injury:	01/19/2010
Decision Date:	06/02/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has submitted a claim for lumbar disc displacement without myelopathy and right shoulder impingement syndrome associated with an industrial injury date of 01/19/2010. Treatment to date has included left shoulder arthroscopic extensive glenohumeral debridement, distal clavicle excision, and subacromial decompression on 03/03/2014, lumbar epidural steroid injection, chiropractic care, acupuncture, physical therapy, and medications including nabumetone (Relafen), diclofenac sodium cream, topiramate (Topamax), cyclobenzaprine (Flexeril), Lunesta, Abilify, and venlafaxine. Utilization review from 03/31/2014 denied the requests for Diclofenac sodium 1.5% 60 gram cream, Qty #4 because there was no evidence that a topical non-steroidal anti-inflammatory drug (NSAID) provided added benefit to oral NSAID use; and nabumetone 500mg, Qty: #180 because there was no documented evidence of any gastrointestinal disease necessitating the use of COX-2 NSAIDs than the traditional NSAIDs. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of chronic neck, low back, and left lower extremity pain. Patient stated that both her pain and range of motion were improving. There was noted left shoulder stiffness in the morning. There was 50% relief of low back and left lower extremity pain after epidural steroid injection on 01/07/2014. There was numbness and tingling sensation at the left lower extremity. Topamax helped to reduce her radicular symptoms. In the most recent progress reports dated March 18 and 21, 2014, physical examination showed that patient was able to sit comfortably on the examination table without difficulty or evidence of pain. Range of motion of left shoulder flexion was limited to 140 degrees actively and 150 degrees passively, while external rotation was 45 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% 60 GRAM CREAM, QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: As stated in pages 111-112 of Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. This is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, the earliest progress report stating the use of this medication was dated 01/15/2013 which exceeds the recommended duration of use. Moreover, this medication was denied in the previous utilization reviews dated 07/08/2013 and 03/31/2014. An appeal letter dated 07/16/2013 stated that patient used this medication to decrease swelling and inflammation in the right shoulder and right wrist and to help minimize side effects due to oral NSAIDs. However, there was no documentation in the recent progress reports dated 2014 regarding right shoulder and wrist subjective complaints, as well as any objective evidence necessitating its use. There was also no report that her pain complaints are not controlled by intake of oral medications. Therefore, the request for Diclofenac sodium 1.5% 60 gram cream, Qty: 1.00 is not medically necessary.

NABUMETONE 500MG, QTY: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 47.

Decision rationale: As stated in page 47 of Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It is recommended as an option for short-term symptomatic relief among patients with back pain. In this case, the earliest progress report stating the use of this medication was dated 01/15/2013 which exceeds the recommended guideline. Furthermore, medical records submitted for review did not indicate any pain relief and improved functional activities associated with the use of this medication. Therefore, the request for Nabumetone 500mg, Qty: 90.00 are not medically necessary.