

Case Number:	CM13-0029231		
Date Assigned:	03/19/2014	Date of Injury:	11/09/2011
Decision Date:	12/16/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine 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:

Patient is a 57 year-old female with date of injury 11/09/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2013, lists subjective complaints as pain in the neck with radicular symptoms down both arms. Objective findings: Cervical spine: Flexion and extension measured 20 degrees. Tenderness and spasm were noted over the paravertebral and trapezial musculature. Thoracic spine: Tenderness was palpable at the paravertebral musculature with spasm and limited range of motion. Right shoulder: Abduction was 80 degrees, flexion 80 degrees. Left shoulder: Abduction and flexion was 90 degrees. Tenderness was palpable. Motor strength was 5+/5 for shoulder abduction, wrist flexion and extension. Decreased sensation for the middle, ring and small fingers on the right hand. Diagnosis: 1. Cervical spine sprain 2. Thoracic spine strain 3. Bilateral shoulder sprain 4. Bilateral carpal tunnel syndrome. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Voltaren XR 100mg, #60 SIG: 1 QD2. Terodolorcin 120ml SIG: topical TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Voltaren XR 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

Decision rationale: According to the Official Disability Guidelines, Voltaren (diclofenac) is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Pharmacy purchase of Voltaren XR 100mg #60 is not medically necessary.

Pharmacy purchase of Terodolorcin 120ml: Upheld

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

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

Decision rationale: The active ingredients of Terodolorcin are menthol 4% and Lidocaine 4% and are classified as a topical analgesic. The MTUS does not recommend topical analgesics unless trials of antidepressants and anticonvulsants have failed. The medical record does not document failed attempts to alleviate the patient's pain with either antidepressants or anticonvulsants. Pharmacy purchase of Terodolorcin 120ml is not medically necessary.