

Case Number:	CM13-0035981		
Date Assigned:	12/13/2013	Date of Injury:	11/18/2003
Decision Date:	04/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

██████████ is a 66-year-old. Work-related injury on November 18, 2003. Subsequently, she developed with chronic neck and back pain. According to the note dictated on October 2, 2013, his physical examination demonstrated the gait, pain in the right upper extremity, tenderness to palpation of the lumbar spine without atrophy or edema. The patient was treated with epidural injections with substantial improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 4 GRAMS WITH DISTAL FIVE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, page 111 Page(s): 111.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to the Chronic Pain Medical Treatment Guidelines Treatment Guidelines, any compounded product

that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient developed neuropathic pain. There is no documentation of failure or intolerance of NSAID or oral first line medications for the treatment of pain. There is no evidence that Voltarene is effective for the treatment of back and neck pain. There is no justification for the use of Voltaren. The request for Voltaren gel, 4 grams with distal five, is not medically necessary or appropriate.

ZOMIG 5 MG, 20 COUNT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website www.medscape.com

Decision rationale: Zomig is an abortive medication of migraine including menstrual migraine. There is no clinical evidence that the patient is suffering from migraine. Therefore, the request for Zomig 5mg, 20 count, is not medically necessary or appropriate.