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| Case Number: | CM13-0053841 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/24/2010 |
| Decision Date: | 03/17/2014 | UR Denial Date: | 11/06/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 physician 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 a 38-year-old female who reported an injury on 04/24/2010. The mechanism of injury involved repetitive trauma. The patient is currently diagnosed with C5-6 3mm herniated nucleus pulposus, right C6 radiculopathy, and right paracervical and trapezius myofascial pain and spasm with trigger point. The patient was seen by [REDACTED] on 10/24/2013. The patient reported persistent pain in the neck and right upper extremity. Physical examination revealed tenderness and spasm in the right paracervical trapezius muscles, palpable cords with positive twitch response, painful range of motion of the right shoulder, subacromial tenderness, and no motor or sensory deficits. Treatment recommendations included trigger point injections, continuation of current medications, Voltaren gel, physical therapy, and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Trigger Point Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: The California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome as indicated. As per the documentation submitted, the patient does demonstrate tenderness and spasm with positive twitch response. However, documentation of at least 50% pain relief for 6 weeks following the initial trigger point injections was not provided. There was no evidence of objective measurable improvement. Furthermore, California MTUS Guidelines state radiculopathy should not be present. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.

Voltaren Gel: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized control trials to determine efficacy or safety. The only FDA-approved topical Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S is diclofenac, or Voltaren gel. It is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. The patient maintains diagnoses of cervical radiculopathy and right shoulder pain. There is no evidence of osteoarthritis. Guidelines do not recommend Voltaren Gel for treatment of the spine, hip, or shoulder. Based on the clinical information received and the California MTUS Guidelines, the request is noncertified.