

Case Number:	CM13-0058183		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2012
Decision Date:	04/14/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 Orthopedic Surgery, 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 claimant is a 60-year-old gentleman who was injured in a work-related accident on April 23, 2012. The clinical records provided for review included recent documentation of continued complaints of neck and bilateral shoulder pain. Treatment has included therapy, medications, and activity modifications. The claimant's most recent clinical assessment for review was from January 2013 with documentation of continued complaints of pain and swelling in the upper extremities, elbow and shoulder. Physical examination showed mild restricted range of motion bilaterally at the shoulder with no gross swelling or instability. There was 5/5 motor strength and positive tenderness over the subacromial bursa. Positive Neer's and Hawkin's testing was noted. The claimant's working diagnoses were bilateral upper extremity pain and cervical pain secondary to continuous trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 FLECTOR PATCHES 1.3%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105.

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

Decision rationale: The role of Diclofenac patches/topical anti-inflammatories is recommended for osteoarthritic pain in joints that lend themselves to topical treatment. These patches have not been supported or utilized in cases involving the spine. Records in this case indicate a diagnosis of impingement, but no documentation of acute arthritic process to the shoulder. The specific request in this case would not be indicated.

VOLTAREN TRANSDERMAL GEL 1%: 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 role of Diclofenac patches/topical anti-inflammatories is recommended for osteoarthritic pain in joints that lend themselves to topical treatment. These patches have not been supported or utilized in cases involving the spine. Records in this case indicate a diagnosis of impingement, but no documentation of acute arthritic process to the shoulder. The specific request in this case would not be indicated.

60 SOMA 350MG: 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.

Decision rationale: Soma is not recommended for use in the long term. The literature is highly suggestive of its main effect of generalize sedation in treatment of anxiety that would fail to support its role for use in chronic pain setting. Given the claimant's chronic clinical presentation and continued role of this agent, this specific request would not be indicated or supported.