MAXIMUS Federal Services

Case Number:	CM13-0072502		
Date Assigned:	01/08/2014	Date of Injury:	03/09/2012
Decision Date:	06/13/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 injured worker is a 57-year-old female who sustained injury to her right thumb/hand on 03/09/12 due to her usual and customary job duties as a school bus driver. The injured worker reported that she has right-hand pain radiating up the arm. The injured worker noted no specific injury, but a gradual onset of her symptoms associated with repetitive gripping, pushing and pulling with the right-hand while opening her bus door, manipulating the bus gears and switches with her right hand/thumb. She was referred to a company doctor who obtained plain radiographs and provided her with a splint and medications. She was referred to physical therapy which has not been very helpful and subsequently taken off work. The injured worker continues to complain of pain, swelling and weakness in her right hand with pain that radiates up to the right shoulder at times. She denied any associated numbness.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR DATE OF SERVICE (DOS) 11/19/2013 FOR: OUTPATIENT PROLONGED EVALUATION AND MANAGEMENT (E/M): Upheld

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

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

Decision rationale: The ODG states that the need for a clinical office visit with a healthcare provider is individualized based upon review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. There was no indication as to why the injured worker was referred to outpatient evaluation and management. Given the clinical documentation submitted for review, medical necessity of the request for outpatient prolonged evaluation and management (E/M) has not been established.

VOLTAREN (DICLOFENAC SODIUM) 100 MG #180: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. VoltarenÂ® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Voltaren (Diclofenac Sodium) 100 MG #180 cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

MENTHODERM GEL 360 GM: Upheld

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

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS requires that all components of a compounded topical medication be approved for transdermal use. Therefore,

Menthoderm Gel 360 GM cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

OUTPATIENT RANGE OF MOTION (ROM) TESTING: 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 ODG, Pain Chapter, Office Visits.

Decision rationale: The ODG states that the need for a clinical office visit with a healthcare provider is individualized based upon a review review of the patient concerns, signs and symptoms, clinical stability and reasonable physician judgment; however, there was no specific indication as to why the patient was referred to outpatient range of motion testing. Given the clinical documentation submitted for review, medical necessity of the request for outpatient range of motion testing (range of motion) has not been established.