

Case Number:	CM14-0003758		
Date Assigned:	02/03/2014	Date of Injury:	10/25/2011
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation and Pain Medicine; and is licensed to practice in Texas and Ohio. 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 47-year-old male who reported an injury on 10/25/2011. The injured worker was evaluated on 12/03/2013. It was documented that the injured worker's current medications included Keppra, gabapentin, Trazodone, Celexa, and Wellbutrin. Physical findings included sensory changes of the left upper extremity and evidence of continuing depression. The injured worker's diagnoses included seizure disorder, depression, insomnia, reflex sympathetic dystrophy of the left upper extremity. A request was made for Voltaren gel and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION FOR VOLTAREN GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Diclofenac (Voltaren).

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

Decision rationale: The requested prescription for Voltaren gel is not medically necessary or appropriate. The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 12/2012. California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory medications

unless there is documentation that the injured worker cannot tolerate oral formulations or if oral formulations of nonsteroidal anti-inflammatory drugs are contraindicated for the patient. Additionally, California Medical Treatment Utilization Schedule does not recommend the use of topical non-steroidal anti-inflammatory drugs for long durations of treatment. The clinical documentation indicates that the injured worker has been using this medication for at least 1 year. This exceeds guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Furthermore, the request as it is submitted does not clearly identify quantity, dosage, or body part for application. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested prescription for Voltaren gel is not medically necessary or appropriate.

1 PRESCRIPTION FOR IBUPROFEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms And Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain and NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), page (s) 60 and 67.

Decision rationale: The requested ibuprofen is not medically necessary or appropriate. The clinical documentation submitted for review indicates the injured worker has been on this medication since at least 12/2012. California Medical Treatment Utilization Schedule does recommend nonsteroidal anti-inflammatory drugs as first line medications in the management of chronic pain. However, California Medical Treatment Utilization Schedule recommends continued use of medications of the management of chronic pain be supported by documentation of functional benefit and evidence of pain relief. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief resulting from medication usage. Furthermore, the request as it is submitted does not clearly identify a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested prescription of ibuprofen is not medically necessary or appropriate.