

Case Number:	CM14-0008552		
Date Assigned:	06/11/2014	Date of Injury:	10/04/2012
Decision Date:	07/19/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 and Rehabilitation, and is licensed to practice in Texas. 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 45-year-old female with a reported date of injury on 10/04/2012. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left arm, wrist, and hand pain. The worker rated the pain at 10/10 without medication and 8/10 with medication. On physical examination, the physician noted that the injured worker's sensation was equal in the upper extremities, with strength at 5/5. The injured worker also presented with a positive Tinel's in the left wrist. In the clinical note dated 12/26/2013, the physician indicated the injured worker previously failed physical therapy. The previous physical therapy documentation is not available for review. The clinical information indicates that the injured worker has undergone acupuncture. The injured worker stated that she experienced mild and short-term pain relief with the acupuncture. The injured worker's diagnoses included left wrist/hand pain, carpal tunnel syndrome, numbness, depression and anxiety, and insomnia. The injured worker's medication regimen included Terocin, Elavil, and topical medications. The request for authorization for Voltaren gel 1% #3 pack, baclofen 10 mg #60, and Norco 5/325 mg was submitted on 01/16/2014. The physician indicated that the injured worker's pain is better with medications although the actual medications the injured worker is utilizing for pain is not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1 PERCENT #3 PACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option. Although largely experimental in use with few randomized control trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatments to include ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for the treatment of the spine, hip, or shoulder. Maximum dose should not exceed 32 grams per day. The documentation provided for review states the injured worker's complaints are in the hip, shoulder, arm and hand. There is a lack of documentation related to the injured worker's functional deficits. In addition, the therapeutic effectiveness related to the continued use of topical analgesics is not documented. The guidelines do not recommend Voltaren for treatment of the spine, hip, or shoulder. The request as submitted failed to provide amount, frequency, or specific site at which the topical analgesic was to be utilized. Therefore, the request for Voltaren gel 1% #3 pack is non-certified.

BACLOFEN 10 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain , Pg. 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs: Baclofen Page(s): 64.

Decision rationale: The California MTUS Guidelines state that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The documentation provided for review does not state the specific medications that have been utilized for the injured worker's pain. There is a lack of documentation related to spasticity and muscle spasms or the diagnosis of multiple sclerosis or spinal cord injury. In addition, the request as submitted failed to provide frequency and directions for use of baclofen. Therefore, the request for baclofen 10 mg #60 is non-certified.

NORCO 5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that ongoing management of opioids should include an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical documentation provided for review lacks the documentation of specific pain medications that the injured worker has been utilizing. There is a lack of documentation related to the injured worker's functional deficits and the therapeutic affects in the utilization of Norco. In addition, the request as submitted failed to provide frequency, dosage and directions of use for Norco. Therefore, the request for Norco 5/325 mg is non-certified.