

Case Number:	CM14-0108853		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2011
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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, a 59 year-old painter and was injured on 01/20/2011; as she fell from a ladder onto her outstretched left arm and back. She is requesting the appeal of the 06/18/2014 denial of Flector, Pennsaid, Ultram ER and Omeprazole. She is diagnosed with left shoulder joint pain, degenerative disc disease in the neck, left shoulder adhesive capsulitis. She has had left shoulder surgery 03/13/2013, physical therapy, chiropractic treatment and injections to her shoulder as part of her management. She reports neck stiffness and spasm, numbness and weakness in the left upper extremity. Pain scores average 6-8/10 on her medication, including maintenance opioids (Tramadol - Ultram ER 200 mg) and topical NSAID (Flector patch 1.5 mg).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% transdermal patch, #30 (3 refills): Upheld

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

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

Decision rationale: Whereas diclofenac is approved in the 1% gel formation for certain conditions, transdermal NSAIDs is not approved. Transdermal agents are systemic, and gel is

local. The topical NSAID is indicated for the knee, elbow and other joints amenable to topical treatment. It is not indicated for neuropathic pain. There is also little evidence to support treatment of osteoarthritis of the spine or shoulder. The Flector patch is not medically necessary.

Pennsaid 1.5% topical drops, #240ml (6 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; Medscape diclofenac topical, <http://reference.medscape.com/drug/flector-transdermal-voltaren-diclofenac-topical-343542>.

Decision rationale: Pennsaid is another formation of topical diclofenac. It is not mentioned in the MTUS guidelines. Per Medscape, it is only indicated for osteoarthritis of the knee. Its use is not supported in this case, and therefore is not medically necessary.

Omeprazole 20mg, #30 (6 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient has a past medical history of GERD/Reflux as noted in a 06/06/2014 visit. The approval of a PPI would be indicated for prescribed NSAIDs. She is not, however taking by mouth NSAID, and the transdermal NSAID is not appropriate or approved under MTUS guidelines. The omeprazole is not indicated, and is therefore not medically necessary.

Ultram ER 200mg, #30 (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: Narcotics are to be discontinued when pain and function doesn't improve or there is no return to work. She has not had improvement of pain on chronic narcotic medication (Ultram ER) and she has not returned to work. The continuation of this medication is not indicated, and therefore is not medically necessary.