

Case Number:	CM14-0115359		
Date Assigned:	08/04/2014	Date of Injury:	04/29/2005
Decision Date:	12/23/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/23/2014

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 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:

This 60 year-old patient sustained an injury on 4/29/05 while employed by [REDACTED]. Request(s) under consideration include Ibuprofen 800mg #90 Refill 2 and Voltaren Gel 1% #100 Refill 2. Diagnoses include shoulder osteoarthritis/muscle atrophy/ subacromial subdeltoid bursitis/ rotator cuff tear with retraction s/p right shoulder surgery; and cervicalgia/ C6-7 disc bulge. Conservative care has included medications, therapy, IF unit, heat/ultrasound, and activity modification/rest. Report from the provider noted chronic ongoing symptoms with cervical spine pain radiating down right arm to shoulder, arm, and hand associated with sharp sensation with increased pain upon activities of ADLs; right shoulder pain aggravated by activities. Exam showed cervical spine with limited range of 50%; right shoulder range of 75% of full; positive Neer's, crossover at 90 degrees, impingement, Apley's and Hawkin's with weak abduction against resistance. The request(s) for Ibuprofen 800mg #90 Refills 2 and Voltaren Gel 1% #100 Refill 2 were non-certified on 6/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The request for Ibuprofen 800mg #90 with 2 refills is not medically necessary and appropriate.

Voltaren Gel 1% #100 with 2 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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, oral Ibuprofen and topical Voltaren Gel posing an increase risk profile without demonstrated extenuating circumstances and indication. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2005 without documented functional improvement from treatment already rendered. The request for Voltaren Gel 1% #100 with 2 refills is not medically necessary and appropriate.