

Case Number:	CM14-0128414		
Date Assigned:	08/15/2014	Date of Injury:	05/15/2007
Decision Date:	09/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 is licensed to practice in Nevada. 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 records, presented for review, indicate that this 64-year-old individual was reportedly injured on May 15, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note (QME), dated August 11, 2014, noted there was no psychiatric disability, a stable psychiatric situation, and are ongoing subjective complaints. A chronic pain disorder was diagnosed. The followup progress note, dated July 31, 2014, indicated that there were ongoing complaints of upper extremity pain (complex regional pain syndrome) involving the left upper extremity. The physical examination demonstrated a 5'1", 168 pound individual who is normotensive. The surgical scars were noted to be well healed. Marked hyperalgesia involving the entire left upper extremity was reported. Diagnostic imaging studies were not reported. Previous treatment included left shoulder surgery, right trigger from release, left wrist surgery, and left hip surgery. A request had been made for multiple medications and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Es 500mg #60, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

Decision rationale: While noting that this medication is recommended, this is a relatively safe over-the-counter analgesic preparation. There is caution about the daily dosing of this medication and liver disease. Noting the comorbidities identified and by the lack of any assessment of liver function or that this medication is having any efficacy or utility relative to pain complaints, there is insufficient clinical information presented to support the medical necessity of this continued use.

Voltaren 1 % Topical Gel #3, 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 Page(s): 111,112.

Decision rationale: As noted in the MTUS, this medication is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment, and the shoulder is not one of the joints. Furthermore, this is not osteoarthritic pain. This is pain associated with a complex regional pain syndrome. Lastly, there is no documentation of any efficacy or utility of this preparation in terms of pain relief, increased function or decrease in symptomatology. Therefore, the medical necessity cannot be established in the progress notes presented for review.