

Case Number:	CM14-0135016		
Date Assigned:	08/29/2014	Date of Injury:	02/02/2009
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/22/2014

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 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:

Per the records provided, there was no documentation of osteoarthritis pain and failure of oral nonsteroidal anti-inflammatory medicine. Problems included cervicalgia, shoulder hand syndrome, shoulder joint pain, pain in the elbow, and chronic pain syndrome. Medicines included Cymbalta, Sonata, Omeprazole, ultrasound, nortriptyline and the Voltaren gel. The claimant is 47 years old and right handed. The pain began suddenly and it is chronic. It began after a work injury of a slip and fall about five years ago. The shoulder on the right side and the elbow on the right side were injured. There was an April 14, 2014 panel QME report. She is a 55-year-old housekeeper who was born in Mexico and relocated to this country in 1992. The husband suffered a lumbar spine injury that ended his career. This happened when he lifted a very heavy object. Her injury happened in February 2, 2009. It left her with very bothersome chronic shoulder pain. She had surgery and conservative treatment, which reduced the pain somewhat. She suffers from chronic reflex sympathetic dystrophy. She has shoulder pain as well as feeling that insects are crawling inside of her arm. She also has feelings of depression. She completed a functional restoration program in February 2014. The pain was still there. The diagnosis was an adjustment disorder. There was an Agreed Medical Evaluation from March 13, 2014. There is right shoulder and elbow pain. She was working at the [REDACTED] when she slipped and fell when entering a shower stall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel 100gm tubes #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is not clear why topical NSAIDs are necessary over oral preparations of NSAIDs. Also, the risks of Diclofenac, even topically applied, are significant, and there is no documentation of discussion with the claimant. The request is not medically necessary and appropriate.

Ultracet 37.5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12, 13, 83, 113.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. According to the MTUS Chronic Pain Guidelines, there are no long term studies to allow it to be recommended for use past six months. Long term use is therefore not supported. Acetaminophen can be administered as an over the counter medicine. This medicine is not medically necessary and appropriate.