

Case Number:	CM14-0164512		
Date Assigned:	10/09/2014	Date of Injury:	07/11/2007
Decision Date:	11/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/07/2014

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:

Medical Records reflect the claimant is a 61 year old female who sustained a work injury on 7-11-07. The claimant has a history of right shoulder rotator cuff repair and left shoulder rotator cuff repair on 4-15-09. The claimant also had a left carpal tunnel release in 2012. Office visit on 9-15-14 notes the claimant has pain in the shoulders, low back and left leg, as well as left wrist and thumb. The claimant is currently treating with medications. On exam, the claimant has positive SLR, Achilles reflexes are 2+. There is tenderness over the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60 and three refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - topical NSAIDS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG note that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to

placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is an absence in documentation noting that this claimant cannot tolerate oral medications, or first line of treatment. Additionally, duplication in topical NSAIDs is not supported. Therefore, the medical necessity of this request is not established.

Voltaren gel 1% 300grams and three refills: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG note that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is an absence in documentation noting that this claimant cannot tolerate oral medications, or first line of treatment. Additionally, duplication in topical NSAIDs is not supported. Therefore, the medical necessity of this request is not established.