

Case Number:	CM14-0169982		
Date Assigned:	10/20/2014	Date of Injury:	03/03/2010
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 61-year-old female who sustained a work related injury on 3/3/2010 as result of repetitive actions that resulted in right rotator cuff tear and acromioclavicular arthritis. On her most recent progress reports she complains of worsening right shoulder pain. Examination reveals tenderness to deep palpation over the right anterior shoulder and greater tuberosity of the humerus. There is also right acromioclavicular joint tenderness. There is positive crepitus during active range of motion which is slightly reduced in flexion, abduction, external and internal rotation. Neurological exam identifies 4/5 strength during right shoulder flexion and abduction. Right shoulder MRI dated 11/07/2013 reveals a full thickness, full width tear of the supraspinatus and infraspinatus tendons with moderate supraspinatus and infraspinatus muscle atrophy. There is a posterior subluxation of the humeral head with respect to the glenoid with a large glenohumeral joint effusion. The patient is awaiting an arthroscopic surgical repair. In dispute is a decision for (1) month supply of Voltaren XR 100mg and (2) containers of Menthoderm gel 120 gms.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Month Supply of Voltaren XR 100mg: Overturned

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 Pain Intervention and Treatments Page(s): 67-68.

Decision rationale: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient has Osteoarthritis of the acromioclavicular joint. The use of an NSAID for care is warranted and medically necessary.

(2) Containers of Mentherm Gel 120grams: Overturned

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 Pain Intervention and Treatments Page(s): 105.

Decision rationale: These medications are recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. The use of topical medication is warranted to preclude development of systemic side effects. Therefore, this request is medically necessary.