

Case Number:	CM14-0175630		
Date Assigned:	10/28/2014	Date of Injury:	05/15/2001
Decision Date:	12/05/2014	UR Denial Date:	09/28/2014
Priority:	Standard	Application Received:	10/23/2014

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 Texas and Oklahoma. 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 injured worker is a 46-year-old female who reported an injury on 05/15/2001. The mechanism of injury was not submitted for clinical review. The diagnoses included myofascial pain syndrome, cervical spondylosis/spinal stenosis, bilateral shoulders impingement syndrome, right lateral epicondylitis, left pronator syndrome, rule out bilateral FCU (Flexor Carpi Ulnaris) tendonitis, and neuropathic pain. The previous treatments included medications, aquatic therapy, and TENS unit. Within the clinical note dated 09/10/2014, it was reported the injured worker complained of neck and bilateral upper extremity pain. The injured worker complained of weakness and numbness on both upper extremities. Upon the physical examination, the provider noted the injured worker's cervical flexion was at 30 degrees and extension at 25 degrees. The provider indicated the injured worker had cervical paraspinal spasms with suprascapular spasms and myofascial tightness and tenderness. There was a weakly positive bilateral Roos' test. The injured worker had a weakly positive Hawkins maneuver, and a negative Neer's test. The provider requested Lidoderm, Salonpas patches, Ultram, and Voltaren gel for pain. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5%, 1-2 patches every 12 hours as needed for pain: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Lidoderm 5%, 1-2 patches every 12 hours as needed for pain is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 02/2014, which exceeds the guidelines recommendations of short term use. Additionally, the request submitted failed to provide the quantity of the medication requested. Therefore, the request is not medically necessary.

Salonpas patches 3-4 patches daily as needed for pain: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for Salonpas patches 3-4 patches daily as needed for pain is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Additionally, the injured worker has been utilizing the medication since at least 02/2014, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

Ultram 50mg, Quantity: 360 plus 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78.

Decision rationale: The request for Ultram 50mg, Quantity: 360 plus 2 refills is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate

and complete pain assessment within the documentation. Also, the use of a urine drug screen was not provided for clinical review. The injured worker has been utilizing the medication since at least 02/2014. Therefore, the request is not medically necessary.

Voltaren gel 2mg, four times daily as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for Voltaren gel 2mg, four times daily as needed for pain is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quantity of the medication. Additionally, the request submitted failed to provide the treatment site. Therefore, the request is not medically necessary.