

Case Number:	CM14-0020545		
Date Assigned:	04/25/2014	Date of Injury:	01/07/2009
Decision Date:	07/07/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The claimant is a represented [REDACTED] employee who has filed a claim for bilateral wrist, bilateral hand, shoulder, and elbow pain reportedly associated with an industrial injury of January 7, 2009. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and work restrictions. An August 26, 2013 progress note was notable for comments that the claimant was having persistent complaints of shoulder and wrist pain, exacerbated by gripping and grasping. The claimant did have complaints of paresthesias. Diminished right shoulder range of motion was noted with flexion and abduction to 100 degrees. Oral Voltaren and Lidoderm patches were sought. It was stated that the claimant was a candidate for shoulder surgery. Work restrictions were endorsed. It was stated that the claimant should continue working modified duty. A shoulder surgery consultation was also sought. On September 16, 2013, the claimant was described as reporting persistent complaints of hand and wrist pain. Tramadol and Voltaren were again endorsed, along with Lidoderm patches. Work restrictions were again sought. It was suggested that the claimant could potentially be a candidate for shoulder surgery. It was suggested that the claimant had had prior carpal tunnel surgery and was working with permanent limitations in place. On October 7, 2013, the attending provider noted that the claimant was doing home exercises. There are complaints of pain which could be severe at times, including about the elbow, wrist, and hand. It is stated that the claimant continued usage of medications which was alleviating his symptoms and facilitating performance of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN-XR (DICLOFENAC SODIUM XR) 100MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Voltaren do represent the traditional first-line treatment for various chronic pain conditions, including the chronic bilateral upper extremity pain reportedly present here. In this case, the employee has demonstrated functional improvement with ongoing usage of diclofenac. The employee has achieved and/or maintained successful return to work status at the City of Los Angeles Police Department. The attending provider's documentation does indicate that the employee is profiting in terms of both pain and function through ongoing diclofenac usage. Therefore, the request for Voltaren-XR 100 mg # 60 is medically necessary and appropriate.

ULTRAM ER (TRAMADOL HCL ER) 150MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Topic Page(s): 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, the claimant has achieved and/or maintained successful return to work status. The claimant does report appropriate reductions in pain and improvements in function with ongoing tramadol usage. Continuing the same, on balance, is indicated. Therefore, the request for Ultram 150 mg # 60 is medically necessary and appropriate.

LIDOCAINE PATCHES: 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 Lidocaine section Page(s): 112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, state that topical lidocaine or topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with

antidepressants and/or anticonvulsants. In this case, however, there has been no trial of antidepressants and/or anticonvulsants here before topical Lidoderm patches were considered. It is further noted that the employee's successful usage of first-line oral Voltaren and Ultram effectively obviates the need for the Lidoderm patches in question. Therefore, the request for Lidocaine Patches is not medically necessary.