

Case Number:	CM14-0030719		
Date Assigned:	06/20/2014	Date of Injury:	05/12/2003
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/11/2014

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 injured worker has been treated with the following: Analgesic medications, topical agents and unspecified amounts of acupuncture, massage therapy, and physical therapy. In a Utilization Review Report dated February 7, 2014, the claims administrator approved a request for Norco while denying a request for ketoprofen and Voltaren gel, on the grounds that the injured worker had not profited from the topical agents in question. The claims administrator did cite a variety of MTUS and non-MTUS Guidelines in its said report. The claims administrator did approve the request for Norco, stating that the injured worker had benefitted from usage of that medication. In a June 7, 2013 progress note, the injured worker was described as using a ketoprofen gel, Lidoderm patches, Norco, and Colace. The injured worker was given diagnosis of shoulder pain status post blunt trauma from an assault injury. All of the above medications were refilled. The injured worker acknowledged that the medications were minimally relieving his pain scores. The injured worker stated that his medications were less effective. 4/5 left upper extremity strength was appreciated versus 5/5 right upper extremity strength. The injured worker did have tenderness about the elbow but was given a primary diagnosis of shoulder pain status post assault injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen Gel 10% #3 with one (1) refill QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Topical Analgesics.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketoprofen is specifically not recommended for topical compound formulation purposes owing to high incidence of photocontact dermatitis. Since one ingredient in the compound carries an unfavorable recommendation, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Voltaren 1% Gel #3 with one (1) refill QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines 2. MTUS page 7.3. MTUS 9792.20f Page(s): 7.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines do not address the topic of topical NSAIDs for lateral epicondylitis, the diagnosis seemingly present here. While the MTUS-adopted ACOEM Guidelines in Chapter 10, Table 4, page 40 do endorse usage of topical NSAIDs in the treatment of lateral epicondylitis, both the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47 and page 7 of the MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider should incorporate some discussion on medication efficacy into his choice of recommendations. The injured worker is reporting only minimal pain relief, from 8/10 to 7/10, with ongoing oral and topical medication usage. The attending provider stated that the medications, including the Voltaren gel being proposed here, are, in fact, less effective. Ongoing usage of Voltaren gel has not diminished the applicant's consumption of oral opioid analgesics. All of the above, taken together, imply that ongoing usage of Voltaren gel has neither been efficacious nor generated any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.