

Case Number:	CM14-0033148		
Date Assigned:	06/20/2014	Date of Injury:	04/07/2010
Decision Date:	07/23/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 is a 50 year old female with an industrial injury date of April 7, 2010. The patient has pain in the areas of the wrist, lower arms, left elbow, and left shoulder. She has had a history of left carpal tunnel release surgery on May 1, 2012 and right carpal tunnel surgery on January 5, 2012. The patient also has chronic low back pain and has a remote history of lumbar fusion in 1998. The disputed requests are for Ibuprofen and Voltaren. A utilization review determination on March 11, 2014 had modified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <NSAID Section> Page(s): 66-68.

Decision rationale: The MTUS Chronic Pain Guidelines state that nonsteroidal anti-inflammatory drugs should be carefully monitored for side effects including kidney, gastric, and cardiovascular side effects. A six-month supply would make it difficult to follow up on side effects and efficacy. As such, the request is not medically necessary and appropriate.

Voltaren Gel 1% #3 tubes with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Topical Analgesics Section> Page(s): 112.

Decision rationale: The MTUS Chronic Pain Guidelines on page 112 state the following, "Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function." In the case of this injured worker, there is documentation of pain in joints that are amenable to topical treatment such as the wrist and elbow. The disputed issue is the duration and supply of the Voltaren gel. When prescribing a medication for 6 months, this will present barriers for close monitoring of the efficacy and potential side effects of prescribed medication. In general, pain medications whether topical or oral should be followed more closely in the injured worker should return for follow-up in shorter intervals to see if further refills are warranted. As such, the request is not medically necessary and appropriate.