

Case Number:	CM14-0059309		
Date Assigned:	07/09/2014	Date of Injury:	05/12/2003
Decision Date:	09/10/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 70-year-old individual was reportedly injured on May 12, 2003. The mechanism of injury is noted as a blunt force trauma. The most recent progress note, dated March 21, 2014, indicates that there are ongoing complaints of left shoulder & elbow pain. The physical examination demonstrated a 5'7", 155 pound individual who is normotensive (120/70). There is no deformity, swelling or deviation of the right shoulder. The left shoulder noted a slight decrease in range of motion, Hawkins and Neer tests were positive. A decrease of elbow range of motion is reported. No instability is identified. Diagnostic imaging studies noted an "unremarkable" study of the elbow. Previous treatment includes multiple medications and other conservative care. A request had been made for topical preparations and was not certified in the pre-authorization process on April 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82 , 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 57, 112.

Decision rationale: When noting the date of injury, the injury sustained the findings on physical examination and the relative lack of efficacy with the utilization preparation; tempered by the parameters noted in the MTUS guidelines; it is noted that the use of a topical lidocaine preparation is indicated for neuropathic pain. The pathology report is nociceptive in nature, there is no neuropathic lesion, and additionally there is no objectified efficacy or utility with uses medication. As such, the request for Lidoderm 5% patch #30 with 3 refills is not medically necessary.

Ketoprofen Gel 10% #3 with 1 refill: Upheld

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

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

Decision rationale: The literature notes that this is not FDA approved for topical application. There is a high complication of foot contact dermatitis noted. Furthermore, absorption of the drug is inconsistent. Lastly, based on the progress notes presented for review there is no objectification of any significant efficacy or utility. As such, this request for Ketoprofen Gel 10% #3 with 1 refill is not medically necessary.

Voltaren 1% Gel #3 with 1 refill: Upheld

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

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

Decision rationale: Voltaren gel is a topical NSAID indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis, there's no other clinical indication for the use of this medication. There is no documentation of osteoarthritis in the clinical notes provided. As such, the request is considered not medically necessary.