MAXIMUS Federal Services

Case Number:	CM14-0062622		
Date Assigned:	07/11/2014	Date of Injury:	08/31/2010
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 34-year-old male with a reported date of injury on 08/31/2010. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with left shoulder and neck pain. The injured worker underwent left shoulder surgery on 01/10/2014. Upon physical examination the left shoulder range of motion revealed forward elevation to 160 degrees, external rotation to 70 degrees and 5/5 strength. The clinical information provided for review indicates the injured worker previously participated in physical therapy; the results of which were not provided within the documentation available for review. The injured worker's diagnoses included left shoulder internal derangement, myofascial pain syndrome left neck/shoulder and left shoulder bursitis. The injured worker's medication regimen included OxyContin, Percocet, Flector patches, Voltaren gel, Zanaflex, and TENS therapy. Request for Authorization for Flector patch 1.3% was submitted on 05/05/2014. The physician indicated that the Flector patch is utilized for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option, although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, the California MTUS Guidelines indicate that Voltaren gel 1% is 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 extremities and 16 g per joint per day in the lower extremities). According to the clinical note dated 07/02/2014 the injured worker is utilizing Flector patch 1.3% and Voltaren gel 1% 2 g to 4 g to the left shoulder 4 times a day. The California MTUS Guidelines indicate Voltaren (diclofenac) has not been evaluated for the treatment of spine, hip or shoulder. In addition, the maximum dose should not exceed 32 g per day. The injured worker is utilizing Voltaren gel 1% and Flector patches 1.3% to the left shoulder. The continued use of Flector patches exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and specific site at which the Flector patch was to be utilized. Therefore, the request for Flector patch 1.3% is not medically necessary.

Replacement TENS unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The California MTUS Guidelines do not recommend TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration, for the conditions described. While TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials did not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. The clinical information provided for review indicates the injured worker had utilized a TENS unit. There is a lack of documentation to the objective clinical findings of increased function and therapeutic benefit in the previous utilization of the TENS unit. Therefore, the request for a replacement TENS unit is not medically necessary.