

Case Number:	CM14-0066062		
Date Assigned:	07/11/2014	Date of Injury:	03/09/2009
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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 patient is a 46-year-old male who was injured on 03/09/2009 due to continued trauma. Prior treatment history has included home exercise program, transcutaneous electrical nerve stimulation (TENS) without benefit; acupuncture with benefit; and physical therapy for the right shoulder. Diagnostic studies reviewed include electromyography/nerve conduction study (EMG/NCS) dated 07/07/2014 demonstrated a normal study of bilateral upper extremities. There is no evidence of carpal tunnel syndrome, ulnar and radial neuropathy, or significant cervical radiculopathy. Progress report dated 03/19/2014 states the patient presented with complaints of right wrist pain and right elbow pain and reported his pain is aggravated with any activity. On exam, right wrist flexion is to 75 degrees; extension to 85; radial deviation to 20; ulnar deviation to 30. He has positive Tinel's and tenderness to palpation over the extensor tendons. The right elbow revealed flexion to 140; extension to 0; pronation to 90; and supination to 90. The patient is diagnosed with right wrist pain; right wrist mild carpal tunnel syndrome; and status post right wrist arthroscopy, dated 03/16/2010. The patient has been recommended a 30 day H-wave unit due to failure of TENS unit; Mobic 7.5 mg #60 and Voltaren Gel #100 gm. Prior utilization review dated 04/18/2014 states the request for Mobic 7.5 #60 prescribed 3/19/14 and Voltaren gel #100mg prescribed 3/19/14 is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5 #60 (prescribed 3/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: According to MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest duration possible for moderate to severe pain from osteoarthritis. There is no evidence to recommend one NSAID over another based on efficacy. This is a request for Mobic to treat a 46-year-old male (injured on 3/9/09) with chronic right shoulder and wrist pain status post right shoulder and wrist arthroscopy. Ibuprofen, prescribed long-term, was canceled due to stomach upset. Mobic by mouth (po) and Voltaren gel were begun. However, history and examination findings do not demonstrate clinically significant functional improvement or pain reduction from use of NSAIDs. The moderate to severe pain from osteoarthritis is not clearly evident. Therefore, medical necessity is not established.

Voltaren gel #100mg (prescribed 3/19/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-3.

Decision rationale: According to MTUS guidelines, topical NSAIDs may be recommended for short-term treatment, 4-12 weeks, of osteoarthritis or tendinitis after a failure of first-line oral medications. This is a request for Voltaren gel for a 46-year-old male injured on 3/9/09 with chronic right shoulder and wrist pain status post right shoulder and wrist arthroscopy. However, topical NSAIDs are not recommended for the shoulder, and significant right wrist osteoarthritis or tendinitis is not clearly established by history or examination. The right wrist magnetic resonance imaging (MRI) arthrogram on 5/29/14 did not describe osteoarthritis or tendinitis. Therefore, medical necessity is not established.