

Case Number:	CM14-0070125		
Date Assigned:	07/14/2014	Date of Injury:	03/23/1998
Decision Date:	09/22/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 65-year-old female who reported an injury on 03/23/1998, caused by an unspecified mechanism. The injured worker's treatment history included medication, injections, surgery, and physical therapy. The injured worker was evaluated on 04/14/2014, and it was documented that the injured worker complained of shoulder pain. She noted increased pain to her right shoulder since her last visit. The injured worker stated it was constant and frequent. There was painful movement of the shoulder joints. She complained of right/wrist hands, she described as painful locking of the left middle finger). She had clicking to the right ring finger. There was ongoing pain to the thumbs. Physical examination of the right shoulder there was tenderness to palpation was present over the triceps belly and lateral deltoid. The left shoulder examination revealed tenderness to palpation over the triceps belly and lateral deltoid. There was no tenderness noted over the right elbow on the examination. The examination of the right wrist/hand revealed clicking of the right finger. There was normal color and temperature. The physical examination of the left wrist/hand demonstrated triggering of the left middle finger. Normal color and temperature were noted. The provider noted he administered an injection to the left middle finger with Celestone and lidocaine on her last visit. The injured worker reported improvement noted with the injection; however, she continued with locking of the finger. Medications included Celebrex, ibuprofen 800 mg, tramadol, and Voltaren gel. Diagnoses included status post right shoulder arthroscopic surgery and subacromial decompression, right shoulder postsurgical changes, status post left shoulder rotator cuff repair, status post release of right elbow extensor, status post dissection and decompression of the right radial nerve, status post carpal tunnel decompression left/right, status post decompression of the flexor tendon sheath of the right middle finger, and bilateral thumb carpometacarpal joint arthritis, left greater

than right. The Request for Authorization dated 04/16/2014 was for Voltaren gel 100 mg and ibuprofen 400 mg. However, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Voltaren Gel 1 % Page(s): 112.

Decision rationale: The request is not medically necessary. The California MTUS Guidelines state that Voltaren gel 1% (diclofenac) is recommended 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. The documents submitted lacked outcome measurements of medication management and home exercise regimen. In addition, the request lacked frequency, duration, and location where the medication is supposed to be applied for the injured worker. Given the above, the request for Voltaren gel 100 mg is not medically necessary.

Ibuprofen 400mg #90: Upheld

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

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

Decision rationale: The request is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica, a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long term functional goals for the injured worker and outcome measurements of prior physical therapy. There was lack of documentation stating the efficiency of the Ibuprofen for the injured worker. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Ibuprofen is taken by the injured worker. In addition, the request for Ibuprofen did not include the frequency. Given the above, the request for the Ibuprofen 400 mg, 90 count is not medically necessary.

