

Case Number:	CM14-0076098		
Date Assigned:	07/16/2014	Date of Injury:	03/15/2012
Decision Date:	08/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 45 year old female who was injured on 03/15/2012. The mechanism of injury is unknown. She has been treated conservatively with 6 sessions of chiropractic care which was beneficial. Progress report dated 05/05/2014 indicates the patient presented with complaints of continued neck pain, left upper back and left shoulder discomfort. She reported difficulty with pushing, pulling, reaching, carrying, lifting, and laying on her side. She has also reported increased headaches which she believed are from her neck and upper back symptoms. On exam, she has tenderness to palpation of the cervical and upper thoracic paraspinous region, extending into the left trapezius. She has mildly decreased range of cervical motion throughout all planes by 10 degrees. She has mild tenderness to palpation of the anterior shoulder and pain with Hawkins and Neers maneuver. She is diagnosed with chronic myoligamentous cervical spine strain/sprain; minimal cervical spondylosis, at C5-C6, per MRI scan dated September 20, 2012; Myofascial pain syndrome, left trapezius and shoulder girdle, tendinitis and impingement syndrome, left shoulder, and complaints of headache. She was recommended for a neurologist for causation of her headaches. She was provided with prescriptions for Voltaren Gel and Tylenol with Codeine 30/300 mg one tablet qd (Each day) #30 which require an authorization. Prior utilization review dated 05/15/2014 states the requests for Tylenol with Codeine 30/300 mg 330 and Voltaren Gel are not certified as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine 30/300 mg 330: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. Long-term opioid use for chronic pain is controversial. In this case the patient presents with chronic neck, upper back and shoulder discomfort. Codeine is prescribed. However, medical records do not establish moderate to severe pain. There does not appear to have been an exacerbation. Duration and frequency of prior opioid use along with response to treatment is not provided. Therefore, the request for Tylenol with Codeine 30/300 mg 330 is not medically necessary and appropriate.

Voltaren Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and the diclofenac topical listing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for topical Voltaren gel for a 45-year-old female with chronic neck, upper back and shoulder pain. However, according to MTUS guidelines, topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are only recommended after a failure of oral medications, which is not discussed. Further, topical NSAIDs are not recommended for the hips, shoulders, or spine. As such, the request of Voltaren Gel is not medically necessary and appropriate.