

Case Number:	CM14-0083373		
Date Assigned:	07/21/2014	Date of Injury:	01/10/2012
Decision Date:	09/19/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/05/2014

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 and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 01/10/2012. The mechanism of injury was not provided. On 07/01/2014, the injured worker presented with complaints of the right leg giving out with weakness, numbness, and tingling. An MRI performed on 05/29/2012 revealed mild disc degenerative changes at L4-5 and L5-S1 with mild facet arthropathy on the right greater than left with some foraminal narrowing at the L5-S1, which could correlate with the numbness and tingling on the outside of the right foot. The physical examination revealed mild weakness throughout the right lower extremity compared to the left, and loss of forward flexion and extension. The diagnoses were myoligamentous cervical spine sprain/strain, cervical spondylosis per MRI scan, myoligamentous lumbar spine sprain/strain, lumbar spondylosis per MRI scan, and complaints of right sided numbness and tingling, etiology unclear. The current medication list was not provided. The provider recommended Voltaren gel and amphetamine codeine, the provider's rationale was not provided. The Request for Authorization form was dated 05/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: 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.

Decision rationale: The request for Voltaren gel is not medically necessary. The California MTUS indicates topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Voltaren (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. Topical NSAIDs are indicated for osteoarthritis or tendinitis in the knee and other joints that can be treated topically. They are recommended for short term use of 4 to 12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker does not have a diagnosis congruent with the guideline recommendation for a topical NSAID. Additionally, the provider's request does not indicate the site, dose, quantity, or frequency of the gel in the request as submitted. Efficacy of the prior use of the Voltaren gel is not provided. As such, the request is not medically necessary.

Acetaminophen-Codeine 60/300 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for acetaminophen/codeine 60/300 with a quantity of 60 is not medically necessary. The California MTUS recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, an evaluation of risk for aberrant drug abuse behavior. The injured worker discontinued the Tylenol with codeine medication due to dizziness and nausea. The provider's rationale for prescribing the medication although the patient complains of side effects was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.