

Case Number:	CM14-0093632		
Date Assigned:	07/25/2014	Date of Injury:	06/17/2012
Decision Date:	09/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 records presented for review indicate that this 49-year-old female was injured on June 17, 2012. The mechanism of injury is from pulling a 150 pound bin. Recent progress notes, dated May 20th 2014, indicate that there are ongoing complaints of left hand, wrist, and elbow pain. Current medications include Voltaren gel, Zanaflex, Neurontin, and Norco. The physical examination demonstrated tenderness over the left forearm and the left wrist as well as swelling of the left wrist. Diagnostic imaging studies of the left wrist revealed a scapholunate ligament tear and degenerative fraying of the TFCC as well as subcortical degenerative changes of the ulnar styloid and lunate. There was a normal left shoulder neurological examination. Left upper extremity nerve conduction studies revealed mild left sided carpal tunnel syndrome and moderate radial tunnel neuropathy at the elbow. Previous treatment includes left shoulder surgery. A request had been made for Voltaren gel and Zanaflex and was not medically necessary in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: The California MTUS Guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. The record provides no documentation that the injured employee cannot tolerate oral anti-inflammatory medications. Therefore, this request for Voltaren gel is not medically necessary.

ZANAFLEX CAPSULES 2 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for Zanaflex is not medically necessary.