

<b>Case Number:</b>	CM14-0093746		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/15/1991
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 & Rehabilitation, has a subspecialty in Pain Medicine 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 August 15, 1991. The mechanism of injury was not stated. Current diagnoses include pain in a joint of the upper arm and reflex sympathetic dystrophy. The injured worker was evaluated on June 24, 2014 with complaints of persistent pain. The current medication regimen includes Cymbalta, fentanyl, Gabitril, Levsin, Limbrel, Percocet, Prilosec, and Zanaflex. The physical examination revealed ongoing upper extremity pain, no new neurological deficits, and no acute distress. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% gel QTY:2:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state Voltaren gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for

the treatment of the spine, hip, or shoulder. Therefore, the current request cannot be determined as medically appropriate. There was also no frequency listed in the current request. As such, the request is not medically necessary.

**Hyoscyamine 0.125mg QTY:60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 24 July 2014.

**Decision rationale:** According to the U.S. National Library of Medicine, Hyoscyamine is used to control symptoms associated with disorders of the gastrointestinal tract. According to the documentation provided for this review, the injured worker is also utilizing Prilosec 20 mg. The medical necessity for the requested medication has not been established. Additionally, there was no frequency listed in the current request. As such, the request is not medically necessary.