

Case Number:	CM14-0199110		
Date Assigned:	12/09/2014	Date of Injury:	04/08/2008
Decision Date:	02/25/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 52 year old female with date of injury 04/08/08. The treating physician report dated 10/17/14 (34) indicates that the patient presents with pain affecting her right hand/wrist and right shoulder. The physical examination findings reveal limited range of motion in the cervical spine, positive Phalen's test on the right, tenderness to palpation over the lateral aspect of the right wrist, and positive Finkelstein's test on the right. Prior treatment history includes surgery on the right wrist, home exercise program, physical therapy, TENS unit, and medications. The patient wants to wean off of OxyContin. The current diagnoses are: 1. Carpal Tunnel Syndrome 2. Lesion of Median Nerve 3. Lesion of Ulnar Nerve 4. Shoulder Joint Pain 5. Hand Joint Pain 6. Disorder of Bursa of Shoulder Region 7. Synovitis/ Tenosynovitis - Hand 8. Chronic Pain Syndrome. The utilization review report dated 10/24/14 denied the request for Voltaren 1% gel and Oxycontin 10mg QTY#60. QTY #3 based on guidelines not being met (14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel. QTY #3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

Decision rationale: The patient presents with pain affecting her right hand/wrist and right shoulder. The current request is for Voltaren 1% gel. QTY #3. Voltaren is an NSAID. The treating physician states, "Trial Voltaren gel to right thumb for improved pain relief. If Voltaren gel is more efficacious, we will stop Celebrex. This is a trial period." The MTUS guidelines state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." In this case, the treating physician has documented that the patient has tendon pain in her hand and that this will be a trial treatment. Therefore, this request is medically necessary.

Oxycontin 10mg QTY#60: Overturned

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): 75-91.

Decision rationale: The patient presents with pain affecting her right hand/wrist and right shoulder. The current request is for Oxycontin 10mg QTY#60. The treating physician states, "Her opioid medications allow her to do activities of daily living and to tolerate the pain that accumulates from working full duty. She reports no side effects to medication use or red flags" (34). The treating physician also stated that the patient has a 50% pain reduction with medication usage and does not have any side effects or aberrant behaviors. (35) The MTUS guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, as well as "pain assessment." In this case, the treating physician has documented all 4 A's as required by the guidelines and sees the patient periodically for pain management. Therefore, this request is medically necessary.