

Case Number:	CM14-0199116		
Date Assigned:	12/09/2014	Date of Injury:	01/08/2013
Decision Date:	02/10/2015	UR Denial Date:	10/31/2014
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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, upper extremity, and wrist pain reportedly associated with an industrial injury of January 8, 2013. In a utilization review report dated October 30, 2014, the claims administrator denied a request for ibuprofen, denied a request for Flector patches, and denied a request for Voltaren Gel. The claims administrator referenced an October 14, 2014 progress note in its determination. The claims administrator suggested that the applicant had been using several of the medications at issue as early as May 27, 2014. In said handwritten progress note dated October 14, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and shoulder pain. Tenderness was noted about the trapezius musculature. The applicant exhibited a mildly positive left-sided impingement maneuver about the shoulder. Left shoulder MRI imaging was reviewed and was reportedly suggestive of mild impingement. A shoulder corticosteroid injection was endorsed. The applicant was given refills of Motrin, Voltaren, and Flector, without any explicit discussion of medication efficacy. A rather proscriptive 15-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. In an earlier handwritten note dated September 9, 2014, the applicant was given the same, unchanged, rather proscriptive 15-pound lifting limitation owing to ongoing complaints of neck and shoulder pain. Once again, there was no discussion of medication selection or medication efficacy in this occasion, either. On June 1, 2014, the applicant was, once again, given a 15-pound lifting limitation owing to ongoing complaints of neck, shoulder, and elbow pain. Motrin, Flector, and Voltaren Gel were seemingly endorsed for the applicant's primary complaints of neck and shoulder pain. Tramadol was also introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Tablets of Ibuprofen 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic; Functional Restoration Approach to Chronic Pain Management.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Ibuprofen do represent the traditional first-line of treatment for various chronic pain conditions, including chronic multifocal pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is seemingly off work, despite ongoing Motrin (ibuprofen) usage. The same, unchanged, rather proscriptive 15-pound lifting limitation was renewed from visit to visit, without any explicit discussion of medication efficacy. Ongoing usage of Ibuprofen (Motrin) has failed to curtail the applicant's dependence on opioid agents such as Tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Ibuprofen. Therefore, the request is not medically necessary.

1 Month supply of Flector 1.3% patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Section Page(s): 112.

Decision rationale: Topical Flector is a derivative of topical Diclofenac or topical Voltaren. The primary pain generators here are the neck and left shoulder. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Diclofenac/Voltaren/Flector has "not been evaluated" for treatment of the spine and/or shoulder, i.e., the primary pain generators here. No compelling applicant-specific rationale for selection, introduction, and/or ongoing usage of topical Flector was furnished so as to offset the unfavorable MTUS position on the same for the primary pain generators here. Therefore, the request is not medically necessary.

2 Tubes of Voltaren gel 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren Section; Functional Restoration Approach to Chronic Pain Management.

Decision rationale: As with the request for topical Flector, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren has "not been evaluated" for treatment of the spine or shoulder, i.e., the primary pain generators here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the seemingly unfavorable MTUS position on the usage of topical Voltaren gel for the spine and shoulder. Similarly, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not furnish any compelling rationale for provision of two separate topical Diclofenac derivatives, Voltaren gel and Flector patches. Therefore, the request is not medically necessary.