

Case Number:	CM15-0135303		
Date Assigned:	07/23/2015	Date of Injury:	04/03/2012
Decision Date:	08/26/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old female, who sustained an industrial injury on 4/3/12. She has reported initial complaints of bilateral upper extremity and neck pain. The diagnoses have included status post bilateral carpal tunnel release and ulnar nerve submuscular transposition with residual chronic pain syndrome, right and left shoulder sprain/strain with sign of impingement, and cervical strain/sprain with pain into upper back and chest. Treatment to date has included medications, acupuncture, surgery, injections and diagnostics. Currently, as per the physician progress note dated 6/1/15, the injured worker complains of continued neck pain and pain down the both upper extremities. It is noted that she uses the Voltaren gel on her neck, wrists, elbows and shoulders with temporary relief of pain without drowsiness or upset stomach. Tramadol has been causing stomach issues. The physical exam reveals shoulder abduction 140 degrees with pain. On Neer testing, she complained of pain going down both arms and she was crying while talking about the pain. The diagnostic testing that was performed included x-rays of the bilateral shoulders. The current medications included Relafen, Pamelor, Tramadol and Voltaren gel. The physician requested treatments included Voltaren gel 1% #100 with 2 refills and Sports cream 3oz with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #100 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient presents with bilateral upper extremities and neck pain. The request is for Voltaren gel 1% #100 with 2 refills. The request for authorization is dated 06/18/15. The patient is status post carpal tunnel release and ulnar nerve transposition on the right, 08/22/12, and on the left 08/07/13. Electrodiagnostic testing of the upper extremities, 08/26/13, was normal. Physical examination of the shoulders reveals abduction approximately 140 degrees with pain. On Neer testing, she complained of pain going down both arms. She did six sessions of physical therapy for her neck and shoulders. They gave her some home exercises. The patient's work status is not provided. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Per progress report dated 06/01/15, treater's reason for the request is "to apply 2 grams to her arms four times a day for pain." The patient has been prescribed Voltaren Gel since at least 03/09/14. However, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, the request is not medically necessary.

Sports cream 3oz with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation February 1998 issue of the Journal of Clinical Rheumatology, www.drugs.com/cdi/trolamine-salicylate.html.

Decision rationale: The patient presents with bilateral upper extremities and neck pain. The request is for sports cream 3oz with 5 refills. The request for authorization is dated 06/18/15. The patient is status post carpal tunnel release and ulnar nerve transposition on the right, 08/22/12, and on the left 08/07/13. Electrodiagnostic testing of the upper extremities, 08/26/13, was normal. Physical examination of the shoulders reveals abduction approximately 140 degrees with pain. On Neer testing, she complained of pain going down both arms. She did six sessions of physical therapy for her neck and shoulders. They gave her some home exercises. The patient's work status is not provided. MTUS, ACOEM and ODG guidelines do not discuss this topical cream. As per study published in the February 1998 issue of the Journal of Clinical Rheumatology "A 10% trolamine salicylate cream was shown to be safe and effective for the

temporary relief of minor pain and stiffness associated with osteoarthritis in the hands. This formulation has no smell or counter-irritating properties; patient acceptability was good." As per Drugs.com at www.drugs.com/cdi/trolamine-salicylate.html "Trolamine salicylate is a topical salicylate pain reliever. It works by reducing swelling and inflammation in the muscle and joints." Per progress report dated 06/01/15, treater's reason for the request is "to apply to her arms two or three times a day for pain." In this case, this appears to be the initial trial prescription for Sports Cream. Since this is the initial trial, treater has not had the opportunity to document the medication's efficacy. Additionally, Drugs.com also supports the use of the pain reliever for inflammation of joints. Therefore, the request is medically necessary.