

Case Number:	CM15-0149628		
Date Assigned:	08/12/2015	Date of Injury:	03/07/2012
Decision Date:	09/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/02/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained an industrial injury on 3-7-12. Initial complaints were not reviewed. The injured worker was diagnosed as having right upper extremity pain; chronic pain syndrome. Treatment to date has included status post right shoulder arthroscopy; cortisone injection to right shoulder (10-3-12; 3-15-13; 12-10-13); physical therapy; medications. Diagnostics studies included MRI right shoulder (2-22-13); MRI cervical spine (5-27-14); Cervical spine X-rays (5-27-14). Currently, the PR-2 notes dated 6-10-15 indicated the injured worker complains of his pain level is 3 out of 10 and is requesting a right wrist brace for his right upper extremity pain with associated numbness. He reports he will clarify with the QME and attorney if the neck and entire right upper extremity is covered on his industrial claim. He reports significant benefit with use of Gabapentin 600mg at night for his chronic pain syndrome to include his neuropathic pain and insomnia. He previously stated with his Gabapentin 1200mg every day he has noticed more pain and numbness in his right wrist and thumb. He previously stated significant relief of his neuropathic pain especially at night with the use of his Gabapentin 1200mg at night, which also was treating his insomnia. He previously failed OTC Melatonin for his insomnia. He reports Zorvolex is more effective for him than Naproxen. He previously stated decreased efficacy of his Relafen and good benefit with use of Ibuprofen for his headaches but no for his wrist pain. He states continued benefit with use of Voltaren gel. He reports his neck pain is stable with continued use of his Vicodin 2 a day. He started walking 30 minutes daily for exercise. He states continued benefit with use of Effexor 75mg every other day for chronic pain symptoms. He continues to pay for his medications out of

pocket. He continues to complain of neck pain with radiation to his bilateral shoulders right greater than left and into the upper thoracic spine with burning at the posterior neck and numbness into the bilateral hands. He defers a cervical epidural steroid injection at this time. It was also recommended he have cervical spine surgery, which he also deferred at this time. He was evaluated for his right elbow and right wrist and was noted to be a candidate for surgery for those areas but deferred surgery at this time. The provider notes a cervical spine MRI of 5-2014 showed cervical spine degenerative disc disease and facet joint disease with no significant major stenosis. The provider is requesting authorization of Voltaren Gel x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel QTY 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p 131-132.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic pain including chronic right wrist and thumb pain. When seen, there was significant benefit with the use of Zorvolex for pain and inflammation, which was more effective than either naproxen or Relafen. Physical examination findings included a BMI of 34. There was decreased and painful cervical spine range of motion with bilateral facet joint tenderness. There was left trapezius muscle tenderness. There was decreased right shoulder range of motion with tenderness and crepitus. There was right wrist and finger tenderness with decreased sensation. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral diclofenac (Zorvolex) is also being prescribed with reported significant benefit. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not considered medically necessary.