

<b>Case Number:</b>	CM15-0181346		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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 52 year old female who sustained an industrial injury on 05-18-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck pain, degenerative cervical spondylosis, myofascial pain syndrome, pain disorder with psychological and general medical condition, insomnia and chronic headache pain. Medical records (1-23-2015 to 7-13-2015) indicate ongoing chronic pain worst in the neck and arms (also headache) due to degenerative spondylosis of the cervical spine. According to the progress note dated 07-13-2015, the injured worker reported chronic pain with nociceptive and affective components. The injured worker reported partial pain relief with current analgesic medicines. The injured worker reported that the current analgesic medicines help her to maximize her level of physical function and improve her quality of life. Current medications include Tramadol 50mg, Trazodone 50mg, Ibuprofen 800 mg and Voltaren Gel 1% .Pain level score and objective findings were not included in 07-13-2015 report. Objective findings performed on 06-24-2015 revealed slightly anxious and depressed mood. Treatment to date has included diagnostic studies, prescribed medications, 6 cognitive behavioral therapy sessions for chronic pain management and periodic follow up visits. The treatment plan included medication management. Medical records indicate that the injured worker has been on Ibuprofen 800mg and Voltaren gel 1% #300 since at least 01-23-2015. The treating physician prescribed Ibuprofen 800mg #100 and Voltaren gel 1% #300. The utilization review dated 08-26-2015, non-certified the request for Ibuprofen 800mg #100 and Voltaren gel 1% #300.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ibuprofen 800mg #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for chronic neck and arm pain with headaches with cervical spondylosis, myofascial pain, insomnia, and secondary psychological sequela. When seen, medications were providing partial pain relief and helping her to maximize her level of physical function and improve her quality of life. Tramadol, trazodone, ibuprofen, and Voltaren gel were prescribed. Diagnoses also appear to include first CMC osteoarthritis and carpal tunnel syndrome. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations. Medications are referenced as providing partial pain relief with improved function. The request is medically necessary.

### **Voltaren gel 1% #300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The claimant sustained a work injury in May 2012 and continues to be treated for chronic neck and arm pain with headaches with cervical spondylosis, myofascial pain, insomnia, and secondary psychological sequela. When seen, medications were providing partial pain relief and helping her to maximize her level of physical function and improve her quality of life. Tramadol, trazodone, ibuprofen, and Voltaren gel were prescribed. Diagnoses also appear to include first CMC osteoarthritis and carpal tunnel syndrome. 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, the claimant is also taking ibuprofen, an oral NSAID, and prescribing a topical NSAID is duplicative. Prescribing Voltaren gel is not medically necessary.