

Case Number:	CM15-0197669		
Date Assigned:	10/13/2015	Date of Injury:	04/29/2014
Decision Date:	12/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female with a date of injury on 4-29-14. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 8-25-15 reports continued complaints of low back pain rated 4 out of 10 and right shoulder pain rated 7 out of 10. She is using Voltaren gel, ibuprofen and Tramadol. Physical exam: she walks with a stiff gait, right shoulder range of motion active abduction is 60 with slight impingement, lumbar spine has diffuse tenderness with spasm and decreased range of motion. Treatments include: medication, physical therapy, and injections. According to the medical records she has been taking Meloxicam and using Voltaren gel since at least 2-18-15. Request for authorization was made for Voltaren gel 1 percent quantity 30, Meloxicam 15 mg #30 and surgical consultation of right shoulder. Utilization review dated 9-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months along with oral NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.

Meloxicam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months along with Ibuprofen and topical NSAIDs. There was no indication of Tylenol failure. There is no indication for using multiple NSAIDs. Long-term NSAID use has renal and GI risks. Continued use of Meloxicam is not medically necessary.

Surgical consultation of right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ACOEM (American Independent Medical Examinations and Consultations, 2nd Edition, Chapter 7 (pp 127).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 82-92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic

management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In this case, the claimant is already seeing an orthopedic surgeon. An MRI was ordered for the shoulder and the results are unavailable. There is no indication for shoulder surgery at this time and the request is not medically necessary.