MAXIMUS Federal Services

Case Number:	CM15-0199573		
Date Assigned:	10/14/2015	Date of Injury:	11/03/2009
Decision Date:	12/02/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/10/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 56-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of November 3, 2009. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for Voltaren and 8 sessions of physical therapy. The claims administrator referenced a September 29, 2015 office visit in its determination. The claims administrator contended that the applicant was not working as of the date of the request. The claims administrator seemingly framed the request for Voltaren as a request for a topical version of the same. The applicant's attorney subsequently appealed. On a letter dated October 8, 2015, the attending provider appealed previously denied Voltaren and physical therapy. The attending provider seemingly suggested via his appeal letter that the request for Voltaren represented an oral version of the same. On a handwritten note dated September 29, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck, shoulder, wrist, and hand pain with associated upper extremity paresthesias. The applicant was not working, the treating provider acknowledged. The applicant was placed off of work, on total temporary disability. Oral naproxen, Prilosec, Flexeril, Neurontin, Menthoderm, and LidoPro were endorsed. In another section of the note, the attending provider stated that he was also providing topical Menthoderm. An RFA form dated September 29, 2015, while ambiguous, did seemingly suggest that the request for Voltaren represented a request for oral Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

Decision rationale: No, the request for oral Voltaren, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic 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 applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, the attending provider's September 29, 2015 office visit did not clearly state why oral Voltaren was being introduced on that date, particularly in light of the fact that the applicant was using a second anti-inflammatory medication, oral naproxen. Therefore, the request is not medically necessary.

Physical therapy - cervical spine, right hand/upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for physical therapy for the cervical spine, right hand, and right upper extremity is likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for physical therapy which clearly states treatment goals. Here, the September 29, 2015 office visit was thinly and sparsely developed, difficult to follow, handwritten, not entirely legible, did not clearly articulate clearly stated treatment goals. The fact that the applicant remained off of work, on total temporary disability, on that date, coupled with the fact that the applicant remained dependent on a variety of analgesic and adjuvant medications to include naproxen, Flexeril, Voltaren, Neurontin, Menthoderm gel, LidoPro cream, etc., suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy in unspecified amounts is not medically necessary.