

Case Number:	CM15-0024167		
Date Assigned:	02/13/2015	Date of Injury:	09/08/2004
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic wrist pain, hand pain, shoulder pain, neck pain, and low back pain reportedly associated with an industrial injury of September 8, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; ganglionectomy surgery; unspecified amounts of physical therapy; and topical compounds. In a January 14, 2015 progress note, the claims administrator failed to approve a request for topical gabapentin and topical Voltaren. The claims administrator referenced a December 17, 2014 progress note in its determination. Non-MTUS 2012 ACOEM Guidelines were reportedly the basis for the denial, although the claims administrator did not invoke any guidelines into its report rationale. The applicant's attorney subsequently appealed. In a January 14, 2015 progress note, the applicant reported persistent complaints of hand, wrist, neck, low back, and shoulder pain. A functional restoration program was endorsed. The applicant was asked to continue current medications. The applicant's work status was not clearly stated. Little to no discussion of medication efficacy transpired. On December 17, 2014, the applicant was asked to continue gabapentin and Voltaren Gel for ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (.

Decision rationale: 1. No, the request for gabapentin gel was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the primary ingredient in the compound, is not recommended for topical compound formulation purposes. The attending provider did not, it was further noted, clearly outline why first-line oral pharmaceuticals could not be employed here. Therefore, the request was not medically necessary.

Voltaren gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac): Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792..

Decision rationale: 2. Similarly, the request for a Voltaren-containing gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of small joint arthritis or tendonitis in joints which lend themselves toward topical application such as the ankle, elbow, foot, hand, knee, and wrist. Topical Voltaren has not, however, been evaluated for treatment involving the spine, hip, and/or shoulder, i.e., several of the pain generators here. Here, the applicant has widespread pain complaints, which include the cervical and lumbar spines. These are large, widespread regions which are not amenable to topical application. Therefore, the request was not medically necessary.