

Case Number:	CM15-0024262		
Date Assigned:	02/17/2015	Date of Injury:	04/05/2012
Decision Date:	04/06/2015	UR Denial Date:	01/06/2015
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: California, Washington

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 48-year-old female who reported an injury on 04/05/2012. The mechanism of injury was not specifically stated. The current diagnoses include status post cervical fusion, left shoulder sprain, left elbow neuritis, medication induced gastritis, left shoulder supraspinatus tendinosis, left shoulder infraspinatus tendinosis, left shoulder AC joint osteoarthritis, left elbow lateral epicondylitis, left middle trigger finger, major depressive disorder, anxiety disorder, insomnia and stress related physiological response affecting GI disturbances and headaches. The injured worker presented on 12/04/2014 for a followup evaluation with complaints of moderate left shoulder pain, accompanied by numbness, tingling and burning sensations. The injured worker also reported left elbow pain, left wrist pain, insomnia, anxiety and depression. Upon examination of the cervical spine, there was a well healed surgical scar on the right side of the anterior neck, tenderness to palpation with spasm of the left upper trapezius muscle, limited range of motion secondary to pain and equal deep tendon reflexes. Examination of the shoulders revealed tenderness to palpation with spasm in the left AC joint, full range of motion, limited range of motion of the left shoulder secondary to pain, positive impingement and apprehension sign, positive empty can sign on the left and spasm of the left trapezius muscle. Examination of the bilateral elbows revealed tenderness to palpation over the left medial and lateral epicondyle, spasm of the flexors, limited range of motion secondary to pain and positive cubital Tinel's sign on the left. Range of motion of the left wrist was limited secondary to pain. Recommendations at that time included acupuncture for the left

elbow. The injured worker was also issued prescriptions for naproxen 550 mg, Protonix 20 mg and Aleveer patch. The Request for Authorization form was then submitted on 12/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aleveer patches # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, there was no documentation of a failure of first line oral medication. Additionally, the request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.