

Case Number:	CM15-0217589		
Date Assigned:	11/09/2015	Date of Injury:	02/09/2015
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male with an industrial injury dated 02-09-2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical pain and shoulder pain. According to the progress note dated 09-11-2015, the injured worker reported neck pain, upper back, right upper extremity pain and right shoulder pain. Pain level was 2 out of 10 on a visual analog scale (VAS) with medication and 5 out of 10 without medications. Activity level has remained unchanged. The pain is aggravated with overhead activity and, reaching, lifting and carrying items. The pain is relieved with rest, medication and heat & ice therapy. Current Medications include Ibuprofen (since at least June of 2015), Omeprazole, Tramadol, Voltaren 1% gel (since at least June of 2015) and Gabapentin. Objective findings (08-03-2015, 09-11-2015) revealed restricted cervical range of motion limited by pain, right side tenderness of paravertebral muscles with spasm, tenderness at the paracervical muscles, rhomboids and trapezius, and positive cervical facet loading on the right. Right shoulder exam revealed restricted range of motion. There was also decreased right upper extremity sensation and decreased right grip strength noted on exam. Treatment has included MRI of the cervical spine, MRI of the right shoulder, prescribed medications, 6 sessions of physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, and periodic follow up visits. The treating physician reported that the CURES report was appropriate for prescribed prescriptions and providers. The injured worker is on temporary total disability. The utilization review dated 10-26-2015, non-certified the request for One Voltaren 1% gel and 90 tablets of Ibuprofen 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Ibuprofen 600 mg: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this February 2015 injury nor have they demonstrated any functional efficacy in terms of improved functional status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use since at least June 2015. The 90 tablets of Ibuprofen 600 mg is not medically necessary and appropriate.

One Voltaren 1% gel: Upheld

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

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

Decision rationale: Per Guidelines, Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc.) for the acute first few weeks; however, it not recommended for non-joint disorders and if prescribed, long-term use beyond the initial few weeks of treatment. Submitted reports show no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID with Voltaren use since at least June 2015 for this patient with non-joint disorder. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications as the patient is also prescribed concurrent Ibuprofen, increasing the side effect profile. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Clinical exam is without acute changes, progressive deterioration, or report of flare-up for this chronic injury. The One Voltaren 1% gel is not medically necessary and appropriate.