

Case Number:	CM15-0217621		
Date Assigned:	11/09/2015	Date of Injury:	02/18/2015
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/05/2015

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 41 year old male with an industrial injury dated 02-18-2015. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral thoracic outlet syndrome, bilateral cubital tunnel syndrome, bilateral carpal tunnel syndrome, bilateral forearm tendinitis, and trapezial and parascapular strain. According to the progress note dated 07-15-2015, the injured worker reported pain and intermittent numbness in the arms, worse on left than right. Pain level score was not included in report (07-15-2015). Objective findings (05-06-2015, 07-15-2015) revealed mildly decreased range of motion of the cervical spine with some pain, weakly positive on the left provocative maneuvers for thoracic outlet syndrome, slight trapezial and paracervical tenderness, positive Tinel's sign and Phalen's test and mild tenderness of bilateral volar forearm. Treatment has included diagnostic studies, prescribed medications include Voltaren since at least May 6, 2015, and periodic follow up visits. The injured worker is on temporary total disability. The utilization review dated 10-22-2015, non-certified the request for Retro Voltaren #60 DOS 7-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Voltaren #60 DOS 7/15/15: 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: Review indicates the patient is prescribed concurrent Ibuprofen, another NSAID that may increase side effect profile without clear indication for change or medical necessity. 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 NSAIDs 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. The Retro Voltaren #60 DOS 7/15/15 is not medically necessary and appropriate.