

Case Number:	CM15-0217814		
Date Assigned:	11/09/2015	Date of Injury:	11/27/2006
Decision Date:	12/21/2015	UR Denial Date:	11/03/2015
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: Florida

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 11-27-06. The injured worker was being treated for bilateral ulnar neuropathy, chronic neck pain, bilateral carpal tunnel releases and TMJ. On 6-30-15, the injured worker complained of increased pain in dorsal part of hands rated 5-6 out of 10 without medications and 1-2 out of 10 without medications and on 10-20-15, the injured worker complains of continued bilateral wrist and hand pain; she notes she is doing well on medication regimen, however still having some wrist pain. Documentation does not include duration of pain relief. She is working full time. Physical exam performed on 6-30-15 revealed fairly good grip strength in bilateral hands, good range of motion in elbow and wrist and tolerated palpation well around elbow, forearm and wrist and on 10-20-15 revealed tenderness to palpation of bilateral wrist, greater on right and no swelling is noted. Urine drug screen performed on 6-30-15 was consistent for medications prescribed. Treatment to date has included bilateral carpal tunnel releases, oral medications including Tramadol (since at least 8-27-14 and brings pain from a 5 out of 10 to a 3 out of 10). The treatment plan included sample of Voltaren gel with a prescription for Voltaren gel 2g #3 with 2 refills and Ultracet 37.5-325mg #90 with 3 refills. On 10-27-15 request for authorization was submitted for Ultracet 37.5mg- 325mg #90 with 3 refills and Voltaren gel 2g, #3 with 2 refills. On 11-3-15 request for sample of Voltaren gel with a prescription for Voltaren gel 2g #3 with 2 refills was non-certified by utilization review and Ultracet 37.5-325mg #90 with 3 refills was modified to #90 with no refills by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg QTY 270.00: 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): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if: "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.

Voltaren gel 2 g (tubes) QTY 9.00: 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: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Voltaren Gel is not medically necessary.

Retrospective request for DOS 10/20/15 Voltaren gel sample: 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: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A

Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Voltaren gel is not medically necessary.