

Case Number:	CM15-0032549		
Date Assigned:	02/27/2015	Date of Injury:	10/30/2009
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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 56-year-old female who reported an injury on 10/30/2009. The mechanism of injury was not specifically stated. The current diagnoses include possible lumbar discogenic pain, left lumbosacral radicular pain, left shoulder pain and impingement, possible cervical discogenic pain, left cervical radicular pain, and bilateral carpal tunnel syndrome. The injured worker presented on 12/11/2014 for a followup evaluation. The injured worker reported constant left shoulder pain with radiating left upper extremity pain. The injured worker was status post a left shoulder injection on 03/18/2014. On examination, there was a left sided limping gait, tenderness from C3 to C6, bilateral cervical facet tenderness at C2-3 and C5-6, mild bilateral trapezius tenderness, painful cervical range of motion, midline tenderness from L2 to S1, mild bilateral lumbar facet tenderness, bilateral sacroiliac and sciatic notch tenderness, positive Lasegue's test, positive straight leg raise at 60 degrees, tenderness over the left shoulder, mild tenderness over the right shoulder, mildly positive carpal tunnel compression test, and positive Tinel's and Phalen's tests bilaterally. There was hypoalgesia in the distribution of the left C6 nerve root as well as the left L5-S1 nerve root. There was also mild weakness of the left upper and lower extremities. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Ultracin topical cream applied 2-3 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Good and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2010, Physician's Desk Reference, 68th Edition, www.RxList.com, Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc_formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator- AMMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

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. There is no documentation of a failure of first line oral medication prior to the initiation of a topical analgesic. The request as submitted also failed to indicate a specific quantity. The medical necessity for the requested medication has not been established in this case. Therefore, the request is not medically appropriate.

Voltaren gel two cubes twice a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical nonsteroidal anti-inflammatory drug (NSAID) Page(s): 111-112. Decision based on Non-MTUS Citation Good and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2010, Physician's Desk Reference, 68th Edition, www.RxList.com, Official Disability Guidelines (ODG) Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc_formulary.htm, drugs.com, Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator- AMMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

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

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is Voltaren 1% gel, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. There is also no quantity listed in the request. Given the above, the request is not medically appropriate.