

Case Number:	CM15-0036008		
Date Assigned:	03/04/2015	Date of Injury:	11/06/2013
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/25/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 63 year old female, who sustained an industrial injury on November 6, 2013. Her diagnoses include left shoulder sprain/strain. She has been treated with acupuncture, steroid injections, physical therapy, home exercise program, and topical non-steroidal anti-inflammatory medication. On January 16, 2015, her treating physician reports persistent left shoulder and lumbosacral pain. Her range of motion strength was 60% after acupuncture and 30% before movement. The physical exam revealed tenderness of the left deltoid /acromioclavicular and improved range of motion. The treatment plan includes continuing the non-steroidal anti-inflammatory medication and a request for additional acupuncture. On February 25, 2015, the injured worker submitted an application for IMR for review of a prescription for Voltaren Gel 1% 240gm and a retrospective prescription for Voltaren Gel 1% 240gm (DOS: 12/12/2014), and a request for acupuncture for the left shoulder. The Voltaren Gel 1% was non-certified based on the lack of documentation of the failure of oral non-steroidal anti-inflammatory medications. The acupuncture was non-certified based on lack of evidence of objective findings regarding functional improvement with prior acupuncture, and the amount of acupuncture that the patient had previously. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines, ACOEM (American College of Occupational and Environmental Medicine), and Acupuncture Medical Treatment Utilization Schedule (MTUS) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 240gm, per 1/16/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NONSELECTIVE NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. There is no evidence of right upper extremity osteoarthritis. Therefore, request for Voltaren gel 1% 240gm is not medically necessary.

Acupuncture, left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to MTUS guidelines, Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Furthermore and according to MTUS guidelines, Acupuncture with electrical stimulation is the use of electrical current (microamperage or milli-amperage) on the needles at the acupuncture site. It is used to increase effectiveness of the needles by continuous stimulation of the acupoint. Physiological effects (depending on location and settings) can include endorphin release for pain relief, reduction of inflammation, increased blood circulation, analgesia through interruption of pain stimulus, and muscle relaxation. It is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. In this case, there is lack of evidence of objective findings regarding functional improvement with prior acupuncture, and the amount of acupuncture that the patient had previously. Therefore, the request for Acupuncture left shoulder is not medically necessary.

Voltaren gel 1% per 12/12/14 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NONSELECTIVE NSAIDS Page(s): 111, 107.

Decision rationale: Voltaren Gel (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. There is no evidence of right upper extremity osteoarthritis. Therefore, request for Voltaren gel 1% is not medically necessary.