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| Case Number: | CM14-0127511 | | |
| Date Assigned: | 09/29/2014 | Date of Injury: | 01/27/2009 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/11/2014 |

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 66-year-old female with a reported date of injury on 01/27/2009. The mechanism of injury was not noted in the records. The injured worker's diagnoses included cervicalgia and brachial neuritis. The injured worker's past treatments included pain medication and physical therapy. There was no relevant diagnostic testing submitted for review. There was no relevant surgical history documented within the records. The subjective complaints on 06/04/2014 included pain in the neck, pain in bilateral shoulders and hips. The physical examination noted decreased cervical spine range of motion. The injured worker's medications included Voltaren 1%, and Duexis. The treatment plan to continue and refill the medications. A request was received for Voltaren gel 1% and Duexis 800/26.6. The rationale for the request was to decrease pain. The Request for Authorization form was dated 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 300gm with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The request for Voltaren gel 1% 300gm with 4 refills is not medically necessary. The California MTUS Guidelines state that Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for the treatment of the spine, hip, or shoulder. The injured worker presents with chronic neck and shoulder pain and the use of Voltaren is not supported in the spine, hip, or shoulder. As Voltaren is not indicated for use in the spine or shoulder, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Duexis 800/26.6 #90 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Duexis® (ibuprofen & famotidine)

Decision rationale: The request for Duexis 800/26.6 #90 with 4 refills is not medically necessary. The Official Disability Guidelines state Duexis is not recommended with less benefit and higher cost, using Duexis as a first-line therapy is not justified. The injured worker has chronic neck pain. The notes did not indicate if the patient has tried and failed other first line therapies for pain. Also there was no specific rationale as to why Duexis is necessary over traditional NSAIDs. As Duexis is not supported as first line therapy by the guidelines the request is not supported. As such, the request is not medically necessary.