

Case Number:	CM14-0144300		
Date Assigned:	09/12/2014	Date of Injury:	01/17/2013
Decision Date:	10/24/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of January 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; psychotropic medications for derivative complaints of depression; and epidural steroid injection therapy. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for gabapentin and Voltaren gel. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant reported persistent complaints of shoulder and back pain, 7/10. It was stated that three epidural steroid injections spaced a week apart was sought. The applicant was placed off of work, on total temporary disability, for additional two months. The applicant was having difficulty performing activities of daily living, it was stated. The applicant's medication list was not clearly stated on this occasion. In a September 5, 2014 request for authorization form, authorization was sought for a variety of medications, including Viibryd, tramadol, Neurontin, and Flector. In a progress note of the same date, September 5, 2014, the applicant was again placed off of work, on total temporary disability. The applicant was described as having heightened depressive symptoms on this date. Many of the medications at issue, including Viibryd, Relafen, Voltaren, and gabapentin were also prescribed on an earlier note dated August 5, 2014. The applicant was placed off of work, on total temporary disability, on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Gabapentin section. Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability, it has been noted on several office visits, referenced above. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on other medications, it is further noted, including topical agents such as Voltaren. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

Voltaren 1% Topical Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac has not been evaluated for issues involving the spine, hip, and/or shoulder. In this case, however, the applicant's primary pain generators are, in fact, the lumbar spine and shoulder, body parts for which topical Voltaren has not been evaluated. In this case, it is further noted that the applicant has been using the topical Voltaren gel in question, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of Voltaren. The applicant is off of work, on total temporary disability, and continues to remain highly dependent on a variety of oral and topical medications, all of which, taken together, suggests that ongoing usage of Voltaren gel has not been successful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.