MAXIMUS Federal Services

Case Number:	CM14-0148570		
Date Assigned:	09/18/2014	Date of Injury:	03/03/2011
Decision Date:	12/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/12/2014

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 Internal 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 injured worker is a 55-year-old female, with a reported date of injury of 03/03/2011. The current diagnoses include cervical spine pain. The past diagnoses include chronic right carpal tunnel syndrome; chronic right De Quervain's tenosynovitis; possible left De Quervain's; chronic right shoulder sprain; chronic left shoulder sprain; right medial and lateral epicondylitis; status post left medial and lateral epicondylitis; chronic cervical pain caused by a protrusion at the C5-C6 level; chronic thoracic myofascial pain; left wrist sprain versus early carpal tunnel; fibromyalgia; and psychological stress. Treatments include Vicodin 5mg every 6 hours; Voltaren gel 2g four times a day to the right wrist, elbow, and shoulder, as needed; Lidoderm patches once per day, as needed; MRI of the left shoulder on 09/18/2013; and MRI of the cervical spine on 09/25/2013; and an MRI of the cervical spine on 08/21/2014, which showed mild multilevel cervical spondylosis with minimal degenerative spondylolisthesis at C4-C5 and C5-C6, mild spinal stenosis at C3-C4 through C6-C7, severe neural foraminal narrowing at left C3-C4, and moderate neural foraminal narrowing at the bilateral C5-C6 and left C6-C7.The progress report (PR-2) reported 07/10/2014 indicated that the injured worker complained of pain in both wrists, both shoulders, neck, and upper back pain. She denied having elbow pain on the day of the visit. The objective findings of the neck include flexion at 20 degrees; extension at 20 degrees; rotation to the left at 45 degrees; rotation to the right at 45 degrees; lateral flexion to the left at 5 degrees; and lateral flexion to the right at 5 degrees. The treating physician indicated that the injured worker needed a refill for the Voltaren gel for the right wrist, right elbow, and right shoulder as needed; a refill for the Lidoderm pain patches. The treating physician recommended massage therapy two (2) times a week for four (4) weeks. It was noted that the injured worker had previously taken Gabapentin as a first-line agent as an anti-epileptic drug (AED); therefore, she is qualified for the use of Lidoderm pain patches, as indicated by the MTUS Chronic Pain

Guidelines. The injured worker was on modified duty status, with restrictions, such as no lifting, carrying, pushing, or pulling more than 25 pounds maximum; no overhead activities; and no repetitive forceful torqueing, twisting, or turning activities with either arm.On 09/09/2014, Utilization Review (UR) modified the request for massage therapy to the cervical spine QTY: 8.00, and denied the request for Voltaren Gel 100gm QTY: 20.00 and Lidoderm Patches QTY: 120.00. The UR physician noted that there was no documentation of the injured worker's intolerance to oral anti-inflammatory drugs; no documentation of neuropathic pain symptoms or physical examination findings of radiculopathy or failed first-line therapy; and no documentation of functional improvement from the previous use of Lidoderm patches. The UR physician also noted that massage therapy is recommended by the MTUS guidelines when done with exercise, and should be limited to 4-6 visits; therefore, the request was modified to a quantity of six (6) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100gm (#5, x 3 refills), QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 100 g #53 refills. Voltaren gel is a topical analgesic. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, put, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker sustained injuries to the spinal cord-neck, bilateral shoulders, right upper arm, multiple head injury and bilateral elbows. The diagnoses are chronic right carpal tunnel syndrome; chronic right De Quervain's tenosynovitis; chronic right shoulder sprain; chronic left shoulder sprain; right medial and lateral epicondylitis; chronic cervical pain; chronic thoracic myofascial pain; history of left wrist sprain versus early carpal tunnel; psychological stress claim; history fibromyalgia; hypertension, asthma and morbid obesity. Voltaren gel is indicated for relief lost your arthritis pain in the joint that lends itself the topical treatment. The diagnoses reflect injury to the shoulder, neck, right upper arm in addition to the elbow with possible early carpal tunnel syndrome. These are not indications for this topical analgesic. Voltaren gel has not been evaluated for treatment of the spine, hip or shoulder. Additionally, there are no specific instructions where the gel is to be applied. Consequently, Voltaren gel 100 g #53 refills are not medically necessary.

Massage therapy to cervical spine pain, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, massage therapy to the cervical spine eight sessions is not medically necessary. The ODG enumerates guidelines for massage therapy. The guidelines allow for 4 to 6 visits. Patients should then be formally assessed to see if the patient is moving in a positive direction, no direction for negative direction. In this case, the injured worker is a 54-year-old woman with a date of injury March 3, 2011. The diagnoses are chronic right carpal tunnel syndrome; chronic right De Quervain's tenosynovitis; chronic right shoulder sprain; chronic left shoulder sprain; right medial and lateral epicondylitis; chronic cervical pain; chronic thoracic myofascial pain; history of left wrist sprain versus early carpal tunnel; psychological stress claim; history fibromyalgia; hypertension, asthma and morbid obesity. Beneficial effects were reportedly present only during treatment. The guidelines recommend 4 to 6 visits with evaluation documenting objective functional improvement prior to authorizing additional treatments. The treating physician requested eight sessions and consequently, massage therapy to the cervical spine eight sessions is not medically necessary.

Lidoderm patches, (#30x3 refills) QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to be Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches #30 with three refills are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. In this case, the injured worker is a 54-year-old woman with a date of injury March 3, 2011. The diagnoses are chronic right carpal tunnel syndrome; chronic right De Quervain's tenosynovitis; chronic right shoulder sprain; chronic left shoulder sprain; right medial and lateral epicondylitis; chronic cervical pain; chronic thoracic myofascial pain; history of left wrist sprain versus early carpal tunnel; psychological stress claim; history fibromyalgia; hypertension, asthma and morbid obesity. The documentation does not support the presence of neuropathic symptoms in the medical record. Additionally, there is no documentation of objective functional improvement documented in the medical record from the prior use of topical analgesics. Consequently, Lidoderm patches #30 with three refills is not medically necessary.