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| Case Number: | CM14-0162433 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 01/18/2010 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Maryland. 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 employee was a 50 year old female who sustained an industrial injury on 01/18/10. The mechanism of injury was noted to be a slip and fall from a ladder with subsequent injury to her low back, shoulder and left ankle. An EMG done on 05/12/14 showed evidence of chronic bilateral C7-C8 cervical radiculopathy without any evidence of ongoing denervation. The progress note from 08/18/14 was reviewed. Her subjective complaints included pain in the neck, wrist and low back. Her left hand pain was getting worse with overuse. Her low back pain was radiating into right buttock and leg. She was getting nerve shooting type pain down the leg, which was worse with standing and walking. She reported having difficulty with sleeping and upset stomach. On examination she had positive straight leg raising test, Patrick test and facet loading tests. In addition, Spurling's test was also positive. There was weakness noted in the bilateral grip strength and right biceps and triceps. There was tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscle, scapular border and lumbar paraspinal musculature. Pertinent diagnoses included cervicalgia, cervical radiculopathy, lumbago, lumbar disc protrusion, lumbar facet dysfunction, sacroiliac joint dysfunction, gastritis, bilateral carpal tunnel syndrome, shoulder pain and tendinitis and insomnia. The plan was to refill Celebrex, Ultram, Omeprazole, Capsaicin cream, Gabapentin and Elavil. She was advised to continue acupuncture, bilateral wrist splints and home exercise program. The progress note from 07/21/14 was reviewed. Subjective and objective findings were similar to above note. The plan of care included Capsaicin cream and Voltaren gel 1% to be applied 4 g TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel, 40 gm tube 3 5 tubes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

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

Decision rationale: According to MTUS, Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). Indications include osteoarthritis and tendinitis of knee and elbow or other joints that are amenable to topical treatment. The employee had pain in shoulder with tendinitis, wrist pain and ankle pain. She had been treated with physical therapy, chiropractic treatment, NSAIDs and multiple medications. Hence the request for topical Voltaren gel is medically necessary and appropriate.

Capsaicin cream 0.0025% 120 gm # 1 tube apply three times a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN, TOPICAL Page(s): 28.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, Capsaicin topical is recommended as an option in patients who have not responded to or are intolerant to other treatments. It is indicated in osteoarthritis, fibromyalgia and non-specific low back pain. The employee was unable to tolerate multiple medications and was having ongoing shoulder, neck, low back and ankle pain. Hence the request for Capsaicin topical is medically necessary and appropriate.