

Case Number:	CM14-0097896		
Date Assigned:	07/28/2014	Date of Injury:	01/13/2004
Decision Date:	10/01/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family 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 58 year old female injured on 01/13/04 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include cervical sprain/strain, lumbar sprain/strain, tendonitis bilateral shoulders, and status-post carpal tunnel release bilaterally. Clinical note dated 07/16/14 indicated the injured worker presented complaining of ongoing pain and stiffness to the lumbar and cervical spine, left wrist pain, and bilateral shoulder pain. Physical examination revealed tenderness, spasm, and decreased range of motion to the lumbar spine and cervical spine, and tenderness to the left wrist and bilateral shoulders. Treatment plan included continued medication to include Naproxen, Ultram, Prilosec and initiate Voltaren cream. The initial request for purchase of interferential unit, electrodes times 18 pairs, urine test, and Voltaren gel was initially non-certified on 06/03/14. The most recent urine drug screen performed on 02/11/14 noted the presence of Citalopram, Hydroxybupropion, Hydrocodone and Hydromorphone. The complete list of the injured worker's medications is not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase Interferential Unit , Electrodes (x18 Pairs): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118.

Decision rationale: As noted on page 118 of the Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There is no indication of intent to utilize in conjunction to therapy, etc. Additionally, the documentation does not discuss a previous 30 day trial and which is preferred prior to purchase of unit. As such, the request for Purchase Interferential Unit, Electrodes (x18 Pairs) is not medically necessary.

Urine Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: As noted on page 43 of the Chronic Pain Medical Treatment Guidelines drug testing is recommended as an option. It is noted that using a urine drug screen to assess for the use or the presence of illegal drugs is an option. Urine drug screens are recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The most recent urine drug screen performed on 02/11/14 noted the presence of Citalopram, Hydroxybupropion, Hydrocodone, and Hydromorphone. However, a complete list of the injured worker's medications was not provided for review to establish compliance. Without further documentation, the request for a urine test is not medically necessary.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

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

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (Diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory drug (NSAID), contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration MedWatch, post-marketing

surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for Voltaren Gel is not medically necessary at this time.