MAXIMUS Federal Services

Case Number:	CM14-0217837		
Date Assigned:	01/07/2015	Date of Injury:	04/16/2001
Decision Date:	03/30/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 39 year old female who sustained an industrial injury to on April 16, 2001. There was no mechanism of injury documented. The injured worker was diagnosed with chronic cervicalgia with headaches, recurrent myofascial strain, lumbar degenerative disc disease, and left shoulder arthralgia and impingement syndrome. According to the primary treating physician's progress report on July 8, 2014, the examination was unchanged from previous evaluations. The injured worker continues to experience chronic neck, shoulder, elbow and wrist pain. Current medications are noted as Lyrica, Tramadol, Motrin, Prilosec, Ambien, Opana ER, Maxalt and Voltaren gel. There was no current treatment modalities noted. The treating physician requested authorization for Motrin 800mg #90 and Voltaren Gel 1% #1. On December 17, 2014 the Utilization Review denied certification for Motrin 800mg #90 and Voltaren Gel 1% #1. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoathritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Motrin 800mg #90 is not medically necessary.

Voltaren Gel 1% #1: Upheld

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

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

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. There is no evidence of left upper extremity osteoarthritis. Therefore request for Voltaren gel 1% is not medically necessary.