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| Case Number: | CM15-0100864 | | |
| Date Assigned: | 06/03/2015 | Date of Injury: | 03/01/2007 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 05/01/2015 |
| Priority: | Standard | Application Received: | 05/26/2015 |

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 63 year old female, who sustained an industrial injury on March 1, 2007. She reported low back pain, left knee pain, left hip pain, left shoulder pain and upper extremity pain. The injured worker was diagnosed as having tendonitis, calcific of the shoulder, impingement syndrome of the left shoulder, insomnia, trochanteric bursitis of the left hip, discogenic low back pain, supraspinatus sprain and strain, infraspinatus sprain/strain, arthropathy in the shoulder region, superior glenoid labrum lesions and trigger finger. Treatment to date has included Diagnostic studies, radiographic imaging, surgical intervention of the wrist and hand, physical therapy, hip injection, medications and work restrictions. Currently, the injured worker complains of continued pain in the low back pain, left shoulder, left knee and hip region. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain as noted with associated symptoms. She reported requiring pain medications to remain functional at times. She reported sleep disruptions secondary to pain. She noted in 2014, injection in the hip provided excellent benefit. Evaluation on March 19, 2015, revealed continued pain as noted. She reported benefit with pain creams and was instructed to continued them and a home exercise plan. Topical pain medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg, QTY: 60 for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents do not show clear evidence of functional improvement while taking the medication as it appears her pain is persistent, and in light of the chronic nature of the treatment, the risk of continued use likely outweighs the benefit and therefore the treatment is not medically necessary.