

Case Number:	CM15-0121742		
Date Assigned:	07/02/2015	Date of Injury:	03/02/2014
Decision Date:	08/04/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 34 year old female with a March 2, 2014 date of injury. A progress note dated August 8, 2014 documents subjective complaints (continues to have increased sharp and pulling pain with numbness and tingling in the right wrist and right first finger that has now moved towards the wrist/forearm for three days; right ankle pain rated at a level of 8/10; numbness of the right ankle and occasional radiation to the foot with numbness and tingling; right shoulder pain rated at a level of 7/10; occasionally radiates to the right upper extremity with numbness and tingling to right wrist, right first finger, and right side of neck; frequent headaches; pain decreases to 6/10 with medications, Mentherm gel and ice therapy; weakness in the right hand; sometimes depressed and stressed, sometimes has difficulty falling asleep due to pain and insomnia), and current diagnoses (right ankle sprain; right shoulder strain). There were no objective findings documented for this date of service. Treatments to date have included physical therapy, that were beneficial in decreasing pain and increasing range of motion and relaxing muscles, medications, The medical record indicates that medications help control the pain. The treating physician requested authorization for Voltaren gel and Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, Qty 1 tube with 1 refill, apply 2 g twice daily: Upheld

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

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

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Furthermore, the total duration of topical NSAIDs is 4-12 weeks per CPMTG recommendation. In the case of this injured worker, the topical medication was originally written for on 3/16/15. The note from April 14, 2015 does not address the efficacy or usage frequency of this medication. Without clear demonstration of benefit, this request is not medically necessary.

Tylenol #3 30/300 mg Qty 30, 1 by mouth every day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. It is noted that this functional benefit is not documented despite the prescription of this medication since at least January 2015. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.