

<b>Case Number:</b>	CM15-0125840		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	12/30/2013
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Emergency 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 45 year old female, who sustained an industrial injury on 12/30/2013. Diagnoses include status post right femur fracture, status post left rotator cuff injury and status post mild traumatic brain injury. Treatment to date has included surgical intervention (open reduction internal fixation (ORIF) right shoulder, 2013) as well as conservative measures consisting of physical therapy, occupational therapy, injections, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 5/19/2015, the injured worker is status post a T12 spinal cord injury. Since her work injury, her shoulders have been compromised which will prevent her from being independent and returning home without adaptations. Physical examination revealed a healing pressure sore that was almost gone. She was in manual wheelchair. Her right shoulder active range of motion (AROM) in flexion was 120 degrees and AAROM was 150 degrees. Abduction AROM was 130 degrees and AAROM was 160 degrees. She has good upper extremity range of motion. The plan of care included medication management, a soft transfer board, full length sheepskin in bed cover, a queen mattress sleep number bed and 2 fit to frame/mattress pads and authorization was requested on 5/21/2015 for Voltaren gel 1% 100 grams #5 tubes and Abilify 5mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% 100g #5 tubes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69.

**Decision rationale:** The requested Voltaren Gel 1% 100g #5 tubes , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topicalanalgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID shave the potential to raise blood pressure in susceptible patients. The injured worker is status post a T12 spinal cord injury. Since her work injury, her shoulders have been compromised which will prevent her from being independent and returning home without adaptations. Physical examination revealed a healing pressure sore that was almost gone. She was in manual wheelchair. Her right shoulder active range of motion (AROM) in flexion was 120 degrees and AAROM was 150 degrees. Abduction AROM was 130 degrees and AAROM was 160 degrees. She has good upper extremity range of motion. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Voltaren Gel 1% 100g #5 tubes is not medically necessary.

**Abilify 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, state: Aripiprazole Abilify.

**Decision rationale:** The requested Abilify 5mg #30, is not medically necessary. CA MTUS is silent. Official Disability Guidelines (ODG), Mental Illness & Stress chapter, state: "Aripiprazole (Abilify), not recommended as a first-line treatment." The injured worker is status post a T12 spinal cord injury. Since her work injury, her shoulders have been compromised which will prevent her from being independent and returning home without adaptations. Physical examination revealed a healing pressure sore that was almost gone. She was in manual wheelchair. Her right shoulder active range of motion (AROM) in flexion was 120 degrees and AAROM was 150 degrees. Abduction AROM was 130 degrees and AAROM was 160 degrees. She has good upper extremity range of motion. The treating physician has not documented functional benefit from its use. The criteria noted above not having been met, Abilify 5mg #30 is not medically necessary.