

Case Number:	CM15-0173277		
Date Assigned:	09/15/2015	Date of Injury:	03/08/2012
Decision Date:	10/29/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 8, 2012. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for Voltaren gel and Norco. An RFA form received on August 14, 2015 and an associated progress note of August 13, 2015 were referenced in the determination. In a handwritten progress note dated July 16, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of neck and shoulder pain. Cervical MRI imaging was sought. Norco, Relafen, Voltaren gel and Norflex were renewed, seemingly without any discussion of medication efficacy. The attending provider checked a box stating that the claimant was working regular duty on this date. In another handwritten May 28, 2015 progress note, difficult to follow, not entirely legible, the applicant again presented with ongoing complaints of neck and bilateral shoulder pain. The applicant was given refills of Norco, Voltaren gel and oral Relafen. The attending provider contended that the applicant was deriving a 40% reduction in pain with ongoing medication and contended that ongoing usage of medications was facilitating the claimant's ability to perform activities of daily living including dancing. In an undated progress note attached to a bill dated July 20, 2015, the attending provider stated that the claimant was deriving 40% analgesia with ongoing usage of Norco, Relafen, and Voltaren gel and further contended that the applicant's ability to do activities of daily living and work in some capacity had all been ameliorated as a result of ongoing medication consumption. On August 13, 2015, the attending provider again stated, through a handwritten progress note, difficult to follow that the claimant's pain complaints had been appropriately diminished at 40% with ongoing medication consumption. The claimant was returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel By Mouth Every 12 Hours #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Introduction.

Decision rationale: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel, i.e., the article at issue here, has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and bilateral shoulders, i.e., body parts for which topical Voltaren gel has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into its choice of pharmacotherapy. Here, the attending provider's multiple handwritten progress notes, referenced above, including those dated August 13, 2015 and July 16, 2015 failed to furnish a clear or compelling rationale for concomitant usage of Voltaren gel, a topical NSAID, with oral Relafen, and oral NSAIDs. Therefore, the request was not medically necessary.

Norco 10/325 By Mouth Every 3-6 Hours #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained successful return to work status, the treating provider reported on multiple dates, including on August 13, 2015 and July 16, 2015. The applicant was successfully described as reporting 40% analgesia with ongoing medication consumption. The applicant's ability to work and perform activities of daily living including dancing had been ameliorated as a result of the same, the treating provider contended. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.