MAXIMUS Federal Services

Case Number:	CM15-0173977		
Date Assigned:	09/15/2015	Date of Injury:	03/01/2015
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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 62-year-old who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of March 1, 2015. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve requests for Voltaren gel and oral meloxicam. The claims administrator referenced an August 3, 2015 date of service in its determination. The applicant's attorney subsequently appealed. On August 12, 2015 the applicant reported ongoing complaints of hand and wrist pain, 7/10. The applicant was off of work, it was stated in one section of the note. In another section, the treating provider stated, somewhat incongruously, the applicant was doing light duty. The note was difficult to follow and mingled historical issues with current issues. It was suggested the applicant was considering surgery for triangular fibrocartilage tear. The applicant was still smoking a pack per day, it was reported. The applicant was given a rather proscriptive 10-pound lifting limitation. Little seeming discussion of medication efficacy transpired. In one section of the note, it was stated the applicant was using Naprosyn for pain relief. The applicant was asked to continue Naprosyn in another section of the note. There was no seeming mention of the applicant using either Mobic or Voltaren gel on this date. In a consultation dated August 3, 2015, the applicant reported ongoing complaints of hand and wrist pain, exacerbated by gripping and grasping. The applicant was using a splint. The applicant was described as having a triangular fibrocartilage tear and hand arthritis. Mobic and Voltaren gel were endorsed, seemingly on the first time basis. The prescribing provider on this date was a physiatrist, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% (gm) qty: 100.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Voltaren Gel.

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

Decision rationale: Yes, the request for Voltaren gel was medically necessary, medically appropriate, and indicated here. s noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren is indicated in the treatment of arthritis relief in joints which lend themselves toward topical application. Here, the applicant was described on the August 3, 2015 office visit as having intra-articular carpal osteoarthrosis. The request was framed as a first-time request for Voltaren gel. Introduction of the same, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.

Meloxicam 7.5mg qty: 42.00: 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): Introduction, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Conversely, the request for meloxicam (Mobic), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that meloxicam is an NSAID drug intended for relief of signs and symptoms of osteoarthritis, as were seemingly present here on or around the date in question, August 3, 2015, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variable such as other medications into his choice of pharmacotherapy. Here, the applicant's physiatrist furnished the applicant with meloxicam (Mobic) on August 3, 2015. The applicant's primary treating provider (PTP) suggested on August 12, 2015, that the applicant continue another anti-inflammatory medication, previously prescribed Naprosyn. The prescribing provider, thus, did not factor into account the fact that the applicant was receiving a second anti-inflammatory medication, Naprosyn, from another provider into his decision to prescribe meloxicam on August 3, 2015. A clear rationale supporting concurrent usage of two separate anti-inflammatory medications was not furnished. Therefore, the request was not medically necessary.