

Case Number:	CM15-0041036		
Date Assigned:	03/11/2015	Date of Injury:	03/01/2000
Decision Date:	05/11/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/04/2015

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

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 65-year-old male who reported an injury on 03/01/2000. The mechanism of injury was not specifically stated. The current diagnoses include disorder of bursa of the shoulder region, shoulder joint pain and partial thickness rotator cuff tear. The injured worker presented on 02/03/2015 for a follow up evaluation with complaints of persistent shoulder pain. It was noted that the injured worker had completed a short course of 6 sessions of physical therapy. The current medication regimen includes capsaicin 0.1% cream, citalopram 20 mg, ibuprofen 600 mg, naproxen sodium 550 mg and Voltaren 1% topical gel. There was no physical examination provided on that date. Recommendations included continuation of the current medication regimen and additional physical therapy. A Request for Authorization form was then submitted on 02/10/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% (5-100gm) 2 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac, which is indicated for the relief of osteoarthritis pain. In this case, the injured worker does not maintain a diagnosis of osteoarthritis of the shoulder. The medical necessity for the requested medication has not been established. Additionally, the injured worker has utilized this medication since at least 10/2014 without any evidence of objective functional improvement. The request as submitted also failed to indicate a specific frequency. Given the above, the request is not medically appropriate.

Ibuprofen 600mg #60, 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has utilized ibuprofen 600 mg since at least 10/2014 without any evidence of objective functional improvement. Guidelines do not support long term use of NSAIDs. The injured worker is also utilizing naproxen sodium 550 mg. The medical necessity for 2 separate NSAIDs has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.