

<b>Case Number:</b>	CM15-0063713		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: California, Arizona  
 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 was a 45 year old female, who sustained an industrial injury on October 31, 2011. The injured worker was diagnosed with cervicgia, left infraspinatus tears, biceps, tendinosis and ASC degenerative joint disease. According to progress note of March 24, 2015, the injured workers chief complaint was increased left shoulder pain, upper back and neck pain right shoulder pain that impairs sleep. The injured worker was also having left leg posterior knee pain. The injured worker had continued numbness/tingling of both hands and intermittently in the forearms. The injured worker was having trouble grasping objects and with applying pressure with the hands. The physical exam noted tightness and tenderness of the bilateral trapezius muscles. There were areas of ecchymosis around the bra straps. The treatment plan included a prescription for Voltaren Gel, Nuvigil, Belviq and a functional restoration program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents Page(s): 112.

**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 Voltaren gel 1%, which is indicated for the relief of osteoarthritis pain. The injured worker does not maintain a diagnosis of osteoarthritis. In addition, there is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

**Belviq 10mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication.

**Decision rationale:** According to the US National Library of Medicine, Belviq is used to help adults who are obese or overweight to lose weight and keep from gaining the weight back. This medication is used together with diet and exercise to treat obesity. In this case, the injured worker's body mass index was not provided. There is no indication that this injured worker has attempted diet and exercise prior to the request for a prescription medication. There is a lack of documentation provided for this review to support the necessity for the ongoing use of this medication. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Nuvigil 150mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Nuvigil.

**Decision rationale:** Nuvigil is used to treat excessive sleepiness caused by sleep apnea, narcolepsy or shift work disorder. The injured worker does not maintain any of the above-mentioned diagnoses. In this case, the medical necessity for the requested has not been established. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

**Functional Restoration Program:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 30-33.

**Decision rationale:** California MTUS Guidelines state functional restoration programs are recommended where there is access to programs with proven successful outcomes for patients with conditions that put them at risk of delayed recovery. An adequate and thorough evaluation should be made, including baseline functional testing. There should be evidence that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. There should also be evidence of a significant loss of ability to function independently resulting from the chronic pain. There is no evidence of a failure to respond to previous methods of treating chronic pain. There is no evidence of an absence of other options that are likely to result in significant clinical improvement. There is also no evidence of a significant functional deficit. The request failed to indicate the specific duration of treatment. Given the above, the request is not medically necessary.