

Case Number:	CM15-0068861		
Date Assigned:	04/16/2015	Date of Injury:	02/20/2005
Decision Date:	05/15/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 injured worker is a 79 year old female, who sustained an industrial injury on February 20, 2005. The injured worker was diagnosed as having bilateral shoulders rotator cuff tears, bilateral cubital tunnel syndrome, status post right carpal tunnel and distal ulnar nerve release, left carpal tunnel syndrome, status post right CMC arthroplasty, left CMC arthritis, status post lumbar decompression L2-S1 and lumbar fusion L4-L5, and status post bilateral total knee replacements. Treatment to date has included right trigger finger release 2014, physical therapy, MRI scans, right carpal tunnel release, and medication. Currently, the injured worker complains of pain in her right hand/ thumb, with the left hand/thumb particularly bothersome, and pain and restricted motion in her shoulders. The Agreed Medical Reexamination dated February 24, 2015, noted the injured worker's shoulders with impingement signs (I, II, and Beer Can) positive with the AC joint on the right painful with provocation. Elbow flexion test and Tinel's sign at the cubital tunnel were noted to be mildly positive. The injured worker's right hand was noted to have a CMC grind test that was mildly uncomfortable with the left hand/wrist/thumb having a CMC grind test that was moderately to severely uncomfortable, with decreased LT, PP, and two point discrimination in the median innervated portion of the hand, and Tinel's and Phalen's signs mildly positive at the carpal tunnel. X-rays taken that day were noted to show the right shoulder with type III acromion and moderate AC arthritis, with the left shoulder showing type II-III acromion and early AC narrowing. Bilateral shoulder x-rays dated July 24, 2013, were noted to show bilateral full thickness rotator cuff tears. The injured worker was noted to have reached maximal medical improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% 15 day supply, #100 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics - Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS Guidelines give tepid support for the use of topical NSAIDs for the conditions that this individual has. However, there is no documentation in the prescriber's notes or the AME evaluation that this topical has been beneficial for her. To support the very long-term supply as requested. Guidelines do set a standard that the agent should be shown to be helpful on at least a trial basis which is not apparent in any records reviewed. Under these circumstances, the Voltaren gel 1% 15 day supply #100 with 5 refills is not supported by Guidelines and is not medically necessary.