

Case Number:	CM15-0098909		
Date Assigned:	06/01/2015	Date of Injury:	07/21/2009
Decision Date:	07/07/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old female, who sustained an industrial/work injury on 7/21/09. She reported initial complaints of right upper extremity pain. The injured worker was diagnosed as having lesions and brachial plexus. Treatment to date has included medication, diagnostics, surgery (thoracic outlet surgery and right wrist surgery for De Quervain's tenosynovitis. Currently, the injured worker complains of chronic right upper extremity pain with right shoulder discomfort, numbness to axilla, achy, burning, tingling sensation throughout the right 3rd-5th digits, right thumb, and also decreased range of motion to lumbar region. Per the primary physician's progress report (PR-2) on 4/21/15, exam reported tenderness with hyperesthesia to palpation to medial aspect of elbow, guarding with flexion and extension of the right elbow, right thumb is with better range of motion and not as contracted into the palm, hyperhidrosis of the palm, able to hold L shape and able to hold thumbs up better, and tenderness along the thenar aspect, posture is asymmetrical with her right shoulder lower than the left, full range of motion of right shoulder, and dysesthesia of the right axilla region. Current plan of care included medication for pain management. The requested treatments include Voltaren 1% gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel #5 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury in July 2009 and continues to be treated for the residual effects of a brachial plexopathy. She underwent thoracic outlet and wrist surgery. When seen, she was having right shoulder and arm pain with numbness and tingling. Medications are referenced as decreasing pain by 50% and allowing her to remain functional in terms of activities of daily living. Physical examination findings included contracture of the right thumb and hyperhidrosis of the palm. There was a positive Tinel's sign. Medications being prescribed include Percocet, Restoril, Voltaren gel, and ibuprofen. Notes document an absence of side effects from the medications being prescribed. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral ibuprofen is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicative and is not medically necessary.