MAXIMUS Federal Services

Case Number:	CM14-0124012		
Date Assigned:	09/05/2014	Date of Injury:	10/31/2005
Decision Date:	08/10/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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, 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 60-year-old female with an industrial injury dated 10/31/2005. Her diagnoses included cervical radiculopathy, left lateral epicondylitis, bilateral forearm tendonitis, left thoracic outlet syndrome, status post bilateral cubital tunnel releases, carpal tunnel releases and ulnar nerve decompression at the wrist. Prior treatment included medications. She presents on 05/08/2014 with complaints of pain in her neck, which radiated into the arms with numbness. There was decreased range of motion of the cervical spine with pain. There was slight trapezial and paracervical tenderness. Spurling's test was positive. Grip and pinch strength were diminished. Treatment plan included cervical epidural steroid injections, nonsteroidal anti- inflammatory medications and lotions for chronic pain and inflammation, stomach protective medication (history of gastroesophageal reflux), Voltaren, Prilosec, and Menthoderm gel. Work restrictions included no heavy, repetitive or forceful use of the hands. The request for one cervical epidural steroid injection series was conditionally non-certified and the request for Prilosec 20 mg # 60 was authorized. The request for review is for Menthoderm gel # 120 gm and Voltaren 100 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 100mg #60: Upheld

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

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

Decision rationale: Regarding the request for Voltaren, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren is not medically necessary.

Menthoderm Gel #120gm: Upheld

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

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

Decision rationale: Regarding the request for Menthoderm, CA MTUS states that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment is recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain is not recommended as there is no evidence to support use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Menthoderm is not medically necessary.