

Case Number:	CM13-0065145		
Date Assigned:	05/02/2014	Date of Injury:	11/17/2008
Decision Date:	06/13/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of November 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; and transfer of care to and from various providers in various specialties. In an October 24, 2013 progress note, the applicant was described as reporting persistent bilateral shoulder pain. The applicant was using Norco for pain relief. The applicant continued to have discomfort with sleep. The applicant was status post shoulder arthroscopy on February 1, 2010, it was stated. The applicant was having difficulty with gripping and grasping activities, it was stated. Fairly well-preserved shoulder range of motion in the 150-degree range was noted with positive signs of internal impingement. The applicant's case and care were hampered by comorbid diabetes, it was stated. Norco #30 was apparently issued. The applicant was given a Kenalog injection in the clinic setting. In an October 17, 2013 progress note, the applicant was again described as reporting persistent neck and shoulder pain. The applicant was described as "currently disabled." Shoulder range of motion in the 150 degrees of abduction range was noted. The applicant was given 30 tablets of Norco. On October 15, 2013, the applicant was given a 20-pound permanent lifting restriction. The applicant was not described as working as of that point in time. In a pain psychology consultation of December 12, 2013, the applicant was described as having only fair coping skills and was described as having tearfulness, irritability, psychosocial withdrawal, insomnia, and a depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 FLECTOR PATCHES 1.3%: Upheld

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

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

Decision rationale: Flector is a Voltaren derivative. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Flector/topical Voltaren is indicated in the treatment of small joint arthritis which lend itself toward topical treatment, such as, for example, the hands, fingers, elbows, wrists, knees, ankle, feet, etc. In this case, however, the bulk of the applicant's complaints are apparently associated with diagnoses of cervical radiculitis, shoulder bursitis/tendonitis, and wrist carpal tunnel syndrome. There is no mention of any small joint arthritis for which Flector patches would be indicated. Therefore, the request is not medically necessary.

VOLTAREN TRANSDERMAL GEL 1%: Upheld

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

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

Decision rationale: Again, topical Voltaren or Diclofenac, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, is indicated in the treatment of small joint arthritis which lends itself toward topical treatment. In this case, the applicant has complaints of pain associated with cervical radiculitis, shoulder bursitis, and wrist carpal tunnel syndrome. Thus, the applicant does not carry a diagnosis of small joint arthritis for which topical Voltaren gel would be indicated. Therefore, the request is not medically necessary.

30 NORCO 10/325MG, 1 EVERY 6-8 HOURS AS NEEDED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 78 and 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid therapy. In this case, however, the applicant is off of work. The applicant has been deemed disabled; it has been stated on several occasions. There is no mention of improved function

affected with ongoing Norco usage, nor is there clear demonstration of reduction in pain scores. It is further noted that the applicant received prescriptions for Norco 10/325 #30 from two separate prescribers, on October 24, 2013 and October 17, 2013, respectively. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, opioid prescriptions should generally be directed from a single practitioner. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggests caution in employing opioids in applicants in whom there is evidence of depression, anxiety, and/or irritability, all of which appear to be present here. Therefore, the request is not medically necessary.