

Case Number:	CM14-0106216		
Date Assigned:	07/30/2014	Date of Injury:	08/17/2011
Decision Date:	10/08/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 59 year old employee with date of injury of 8/17/2011. Medical records indicate the patient is undergoing treatment for pain in joint, left shoulder; brachial plexopathy; cervical disc w/radiculitis; myofascial pain. Subjective complaints include left shoulder pain, left hand pain and left hand swelling. Objective findings include cervical spine ROM is mildly reduced in flexion, extension, left lateral rotation and lateral bending. He has an increase in concordant pain in extension and left rotation. Left upper muscle atrophy and motor strength found to be 3-4/5 on the left, particularly in the hand and forearm. Sensation is reduced to light touch, pinprick and temperature on left forearm and hand. Atrophy of left shoulder and upper extremity is noted. His left hand swells and he has difficulty with pain and actively and passively closing fingers. His ROM of the left shoulder, particularly during abduction and flexion is greatly reduced. Phalen's test is positive on the left. Treatment has consisted of home exercise program for the cervical spine, left wrist brace, Norco, Lipitor, Hydrocodone/APAP, Diclofenac, Gabapentin, Atorvastatin, tolasamide, Lisinopril and Metformin. The utilization review determination was rendered on 6/24/2014 recommending non-certification of Hydrocodone/APAP 5/300mg qty 30 x 1 refill and Diclofenac 100mg qty 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 5/300mgqty 30 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone; Opioids Page(s): 51; 74- 95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, and documentation of a urine drug screen or improved quality of life. Additionally, the patient did not provide an updated and signed pain contract. As such, the request for Hydrocodone/APAP 5/300mg qty 30 x 1 refill is not medically necessary.

Diclofenac 100mg qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official disabilities guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

Decision rationale: Diclofenac is a NSAID. MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The treating physician does not document failure of primary (Tylenol) treatment. ODG also states that diclofenac is "Not recommended as first line due to increased risk profile . . . If using diclofenac then consider

discontinuing as it should only be used for the shortest duration possible in the lowest effective dose due to reported serious adverse events." As such, the request for Diclofenac 100mg qty 60 is not medically necessary.