

Case Number:	CM14-0019547		
Date Assigned:	04/23/2014	Date of Injury:	11/26/2013
Decision Date:	07/03/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/17/2014

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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 32 year old male injured on 11/26/13 as a result of repetitive motion resulting in right shoulder and right upper extremity pain while performing his usual and customary job duties. Current diagnoses include mild ligamentous sprain/strain of the cervical spine superimposed on degenerative disc disease, impingement syndrome of the right shoulder with weakness at both supraspinatus and infraspinatus, and paralabral cyst. The clinical note dated 02/18/14 indicates the injured worker presented with constant neck pain rated at 7/10 with radiation to the right upper extremity with constant right shoulder pain rated at 7/10 with radiation to the right upper extremity with associated tingling sensation. Physical examination of the cervical spine reveals paraspinal spasms and tenderness with Spurling's test results as negative. Examination of the right shoulder revealed range of motion diminished in all planes, negative acromioclavicular joint tenderness, positive Hawkins' test and Neer's sign, drop arm test is also positive, and supraspinatus strength is 4/5. Posterior labral tear from approximately 6 to 10 o'clock post position with paralabral cyst, supraspinatus tendinosis with low grade articular surface/intrasubstance partial thickness tear as well as subscapularis tendinosis with fraying of superior insertional fibers, and mild shoulder joint hypertrophy abutting the cuff were noted on MRI of the right shoulder performed on 02/11/14. The documentation indicates the injured worker was attending physical therapy at the time of the visit. It is also noted the injured worker failed non-operative treatments of the right shoulder including Corticosteroid injection in the subacromial space and continues to have signs of impingement on physical examination. Recommendation for right shoulder arthroscopy, subacromial decompression, and possible rotator cuff repair versus labral debridement and repair were provided at that time. It is unknown if this surgical intervention has taken place. Medication management includes topical creams.

The request for non-steroidal anti-inflammatory, Voltaren XR 100mg, #30 was non-certified on 02/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN XR 100MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Furthermore, current guidelines do not recommend diclofenac as first line due to increased risk profile. As such, the request for Voltaren XR 100MG #30 cannot be established as medically necessary.