

Case Number:	CM14-0131969		
Date Assigned:	08/22/2014	Date of Injury:	01/30/2003
Decision Date:	09/23/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 73 year old female who reported injury on 01/30/2003. The mechanism of injury was not provided. Diagnoses included adhesive capsulitis of the shoulder, pain in the shoulder joint, and complete rupture of the rotator cuff. The past treatments included medications including tramadol (stopped due to dizziness), voltaren gel, and vicodin. The progress report dated 07/17/2014, noted the injured worker complained of left shoulder pain. The physical exam revealed a normal/intact neurological exam. The musculoskeletal exam was not documented. Medications included Voltaren Gel 1%, transdermal, 400 gm, 4 times a day as directed, and Vicodin 5-500mg, oral, 1 tablet every 6 hours as needed for pain. The treatment plan included a refill of Voltaren Gel and Vicodin. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% transdermal 400gm #1 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS guidelines recommend Voltaren Gel 1% (diclofenac) for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It is not recommended for use on the spine, hip or shoulder. The injured worker complained of left shoulder pain only. Furthermore, the guidelines recommend topical NSAIDs for short-term use of 4-12 weeks. The documentation submitted for review indicated the injured worker had been using Voltaren Gel for greater than 6 months without documentation of pain relief. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Given the lack of documentation of the area intended for use, the severity and type of pain involved, and the lack of for Voltaren 1% transdermal 400gm #1 with 1 refill is not medically necessary and appropriate.

Vicodin 5/500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use Page(s): 78.

Decision rationale: The injured worker was documented to have been taking Vicodin for greater than 6 months without documentation of relief. The California MTUS guidelines recommend opioids as second-line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects, and aberrant drug taking behaviors should also be assessed. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating a urine drug screen was performed which demonstrated the injured worker was compliant with the medication regimen. Given the lack of documentation of the severity or improvement of pain, functional improvement, and the absence of side effects and aberrant behavior, the continued use of Vicodin is not supported. Therefore, the request for Vicodin 5/500mg #60 is not medically necessary and appropriate.