

Case Number:	CM14-0195150		
Date Assigned:	12/02/2014	Date of Injury:	01/28/2001
Decision Date:	02/17/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 Minnesota. 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 76-year-old female with chronic left shoulder pain. The date of injury is 1/28/2001. She is status post left shoulder arthroscopic rotator cuff repair and labral repair with re-tear on the MRI scan dated 8/17/2010. Per progress note of 10/1/2014 she complains of shoulder pain aggravated by overhead activities and lifting. The pain level is 5/10. Injections give her significant relief. Medications include ranitidine, Flector patch voltaren gel, Norco and Feldene. Active range of motion of the left shoulder was: flexion of 60, extension 40, abduction 60, internal rotation 40 and external rotation 50. Medications requested were Vicodin ES 7.5 mg #100, Flector patch 1.3% #30, 3 refills and Soma 350 mg #90 no refills. Utilization review noncertified the request for Vicodin as there was no supporting documentation of improved function and pain with the use of that medication. However, due to the nature of the drug, weaning was recommended. With regard to the Flector patch utilization review noncertified the request questioning its safety. Furthermore, there was no documentation of failure of oral medications. The request for Soma was also noncertified as this drug is not intended for long-term use. Weaning was again recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%, #30 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, topical analgesics, topical NSAIDs Page(s): 67, 68, 69, 70, 71, 111, 112.

Decision rationale: Flector patch contains 1.3% Diclofenac Epolamine, a topical NSAID. California MTUS guidelines recommend short-term use of topical NSAIDs for treatment of osteoarthritis of the knee, and elbow but not the shoulder, hip, or spine. Long-term use of topical NSAIDs is not recommended. The guidelines state that it has not been evaluated for treatment of the spine, hip or shoulder. Topical treatment can result in blood concentrations and systemic effects comparable to those from oral forms. If long-term or high-dose therapy is required, full dose naproxen appears to be the preferred choice of NSAID. NSAIDs can increase blood pressure by an average of 5-6 mm in patients with hypertension. They can cause fluid retention, edema, and rarely congestive heart failure. The risk appears to be higher in patients with congestive heart failure, kidney disease or liver disease. The available documentation does not include a complete medical history. The documentation indicates that she is also taking Feldene. Based upon the guidelines, topical NSAIDs are not indicated for treatment of osteoarthritis of the shoulder or spine. Therefore the request for Flector patch 1.3% #30 with 3 refills is not supported by guidelines and as such is not medically necessary.

Vicodin ES 7.5mg, #100 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79, 83.

Decision rationale: According to the MTUS guidelines, chronic use of opioids necessitates an ongoing review and documentation of pain relief, functional status, side effects, and physical and psychological functioning as well as the occurrence of aberrant behaviors. The documentation does not include evidence of a narcotics contract, and need for chronic narcotic medication with a diagnosis of rotator cuff tear which usually does not necessitate chronic use of narcotics for pain control. Documentation does not indicate the degree of functional improvement with the use of opioids. Failure of non-opioid medications to relieve pain has not been documented. Other factors such as evidence of depression, anxiety, or irritability may necessitate a psychiatric consultation. If the use of opioids is necessitated by osteoarthritis in the shoulder, a trial/failure of non-opioid medications such as acetaminophen or NSAIDs has not been documented. Long-term use of opioids is not recommended for osteoarthritis. Use of physical medicine and recent corticosteroid injections into the shoulder has not been documented although in the past injections did give her satisfactory relief. In the absence of rationale for using chronic opioids for pain control, in light of the above guidelines, chronic use of Vicodin ES 7.5 mg #100 is not recommended and as such the medical necessity of this request is not substantiated. Utilization review recommended a weaning program with a modified quantity which was appropriate. This request is not medically necessary.

Soma 350mg, #90 with no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma
Page(s): 29.

Decision rationale: According to the MTUS guidelines, Soma (Carisoprodol) is not recommended for long-term use. It is a centrally acting skeletal muscle relaxant. The main effect is due to sedation and treatment of anxiety. Soma is not recommended by the MTUS Chronic Pain Medical Treatment Guidelines. As such, the request for Soma 350 mg #90 is not medically necessary.