

Case Number:	CM14-0197116		
Date Assigned:	12/05/2014	Date of Injury:	06/01/2011
Decision Date:	01/23/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 injured worker is a 44 year-old male who was originally injured on 6/1/2011 when he stepped off a wheel loader cab after an interval of rain, catching himself with his right arm and landing on his right buttock. This led to immediate pain in his right shoulder and right neck. He underwent a prolonged course of conservative management, but continued to experience limitations and pain. On 1/13/2012, the injured worker underwent right shoulder arthroscopic surgery and a SLAP lesion was identified and repaired, but did not lead to total recovery. He continued to have neck pain, along with right arm numbness, tingling and weakness. The injured worker was diagnosed with right C6 to C7 radiculitis secondary to C5-6 to C6-7 degenerative disc disease with stenosis. He received epidural steroid injection on 12/12/2013 with temporary relief of pain. Due to ongoing pain, numbness, and weakness, the injured worker underwent anterior C5-6 and C6-7 decompression, fusion, and instrumentation on 4/11/2014. A note from the treating spine surgeon on 10/9/2014 stated the patient was off all narcotic pain medication. A note from the primary treating physician on 10/14/2011 stated the patient was having ongoing pain and refilled Norco 5/325 #120 and wrote for 4 prescriptions of Voltaren gel, both of which are submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 prescriptions of Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Voltaren is a topical formulation of diclofenac, a non-steroidal anti-inflammatory medication. Per the MTUS guidelines, topical non-steroidal anti-inflammatory agents may be considered for short-term use for osteoarthritis of the knee and elbow, or other joints that are amenable to topical treatment. The benefit is most during the first 2 weeks, but diminishes thereafter. These agents may play a role in chronic musculoskeletal pain, but there are currently no studies that support long-term use. While the systemic absorption of transdermal Voltaren is purported to be low, topical treatment may result in blood concentrations comparable to oral forms, and caution should be used for patients at risk, especially those with renal disease. The available records do not clearly demarcate where the patches are to be applied, documented treatment failure of antidepressants and/or anticonvulsants for neuropathic pain, or patient safety. Furthermore, the MTUS guidelines do not support topical non-steroidal anti-inflammatory use for the spine, hip, or shoulder. The request as written for Voltaren gel does not conform to the MTUS guidelines and therefore is not medically necessary.

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Opioids for neuropathic pain Page(s): 80-82; 82-83.

Decision rationale: Norco is a compound of acetaminophen and hydrocodone, an opioid. Per the MTUS guidelines, opioids may be efficacious but limited for short-term pain relief of chronic back pain, and has been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). Utilization of opioids should be accompanied by clear outcome measures, including measures of functioning, appropriate medication use, pain relief, and side effects. Long-term opioid use for chronic pain does not appear to improve pain relief, improve quality of life, or improve functional capacity. The available records do not document a clear plan for titration and/or maintenance, nor is the risk of hyperalgesia or tolerance from long-term use clearly addressed. Per the available records, the request for Norco 5/325mg #120 is not supported by the MTUS and is therefore not medically necessary.