

Case Number:	CM14-0197431		
Date Assigned:	12/05/2014	Date of Injury:	12/20/2011
Decision Date:	01/22/2015	UR Denial Date:	11/12/2014
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 Family Practice, 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:

This is a 46 year old male patient who sustained a work related injury on 12/20/2011. Patient sustained the injury when he was maneuvering a 300- pound motor. The current diagnoses include depression disorder and somatic symptom disorder, labral tear of shoulder, bicipital tendinitis, and partial tear of rotator cuff and status post right shoulder arthroscopy, SLAP and subscapularis repair. Per the doctor's note dated 10/29/14, patient had a depressive disorder and somatic symptom disorder with predominant pain. Physical examination revealed 18% whole person impairment of the right shoulder, 5% whole person impairment of the right elbow, and 6% whole person impairment of the right upper extremity. The patient was at maximum medical improvement. His psychiatric history dated 3/3/14 revealed he was depressed, no suicidal ideation, anxious, tense and ruminative, irritable and impatient. The medication lists include Voltaren ER, Norflex, Cyclobenzaprine, Ibuprofen, Ultram and Ambien. The patient has had X-rays of the right shoulder on January 13, 2012 which were negative except for moderate acromioclavicular joint degenerative changes; the MRI arthrogram of the right shoulder on February 6, 2012 that revealed superior labral tear from 11 to 1 o'clock position, and nonacute full-thickness defects subscapularis tendon 1.3 cm with approximately 8 mm of medial retraction rotator cuff tear. He had multiple shoulder surgeries, the last one on July 19, 2013. He had right shoulder surgery on May 3, 2012, and he was not improving; a second surgery on January 7, 2013, biceps tendon repair. After surgery, he developed paresthesia in the ulnar nerve distribution of his right hand. He had a third surgery for his right shoulder on July 19, 2013, that include right shoulder arthroscopic subacromial decompression, Mumford procedure, coracoplasty, and in situ ulnar nerve release at the elbow. The patient's surgical history include on 7/19/13. Other surgeries include an appendectomy 1; about 35 years ago, right knee surgery about 15 years ago, left knee surgery about 11 years ago, and the three surgeries for his right upper extremity. The patient has

received an unspecified number of the PT and chiropractic visits for this injury. He had received an unspecified number of psychotherapy sessions for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 15 additional psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 11/21/14) Cognitive behavioral therapy (CBT)

Decision rationale: Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). He had received an unspecified number of the psychotherapy sessions for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. A recent behavioral cognitive therapy evaluation note was not included in the records provided. The medical necessity of the request for 15 additional psychotherapy sessions is not fully established in this patient.

Prospective request for 1 prescription of Voltaren ER 100mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Pain chapter Updated 10/06/14 Diclofenac

Decision rationale: Voltaren contains Diclofenac belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted.

(Van Tulder-Cochrane, 2000). "As per cited guideline"Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain... The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs" In addition as per cited guideline, diclofenac is "Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac." Diclofenac is a NSAID Diclofenac is not recommended as a first-line treatment and has increased risk of cardiovascular side effects. Patient is having chronic pain and is taking Diclofenac for this injury. Response to Diclofenac in terms of functional improvement is not specified in the records provided. The level of the pain with and without medications is not specified in the records provided. The need for NSAID/Diclofenac on a daily basis with lack of documented improvement in function is not fully established. Any lab tests to monitor for side effects like renal dysfunction due to taking NSAIDS for a long period of time were not specified in the records provided. Short term or prn use of Diclofenac for acute exacerbations would be considered reasonable appropriate and necessary. HOWEVER the need for Voltaren ER 100mg #90, as submitted, is not deemed medically necessary. The medical necessity of Voltaren ER 100mg #90 is not established for this patient.