

Case Number:	CM14-0208754		
Date Assigned:	12/22/2014	Date of Injury:	08/23/2013
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 50-year-old man who sustained a work related injury on August 23, 2013. Subsequently, he developed chronic neck, shoulder, and arm pain. MRI arthrogram of the right shoulder done in October 2013 showed osteoarthritic changes of the AC joint, with acromion process laterally downsloping. Positive subacromial spurring, increasing risk for impingement, positive type 1 acromion process. Most significantly, there were partial thickness tears of the rotator cuff. There was also tendinosis of the subscapularis and infraspinatus tendons. Medications included: Hydrocodone BID, TID (if there is more pain), and Voltaren cream. According to the progress report dated October 14, 2014, the patient continued to have significant right shoulder and right arm pain. he reported pain in the right upper back just medial to the scapula. On examination, the patient had good range of motion in the cervical spine, with some muscle tightness on the right side, especially with left tilt or rotation. There was tenderness of the right shoulder involving the acromioclavicular joint and the acromial bone. There was tenderness of the bicipital groove. The left shoulder was non tender. With regard to the muscles, there was tenderness of the right trapezius and mainly the latissimus dorsi, just medial to the scapula. There was tenderness lateral to cuff insertion. Range of motion in the right shoulder was decreased. He had difficulty pushing against resistance posteriorly, and also in adduction. A UDS collected on October 13, 2014 was negative for opioids but positive for ethyl glucuronide. The patient was diagnosed with right shoulder rotator cuff tear, subscapularis and infraspinatus tendinosis, and right elbow lateral epicondylitis. The provider requested authorization for Tylenol with Codeine, 4mg and Voltaren Topical Gel 100gm tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine, 4mg Take 1-2 tablets once or 2x/day PRN #90 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Tylenol#3 (Tylenol with Codeine) as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no documentation of reduction of pain and functional improvement with previous use of Tylenol #3. There is no clear documentation of the efficacy/safety of previous use of Tylenol #3. Therefore, the prescription of Tylenol with Codeine, 4mg is not medically necessary.

Voltaren Topical Gel 100gm tube Apply 2gm 2-3x/day to right shoulder, Refill: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NONSELECTIVE NSAIDS Page(s): 111; 107.

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these

agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle, and elbow and there is no strong evidence for its use for spine pain such as lumbar spine pain and shoulder pain. Therefore, request for Voltaren Topical Gel 100gm tube is not medically necessary.