

Case Number:	CM15-0006310		
Date Assigned:	01/26/2015	Date of Injury:	05/14/2013
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 60 year old female, who sustained an industrial injury on 5/14/13. The injured worker has complaints of right shoulder, arm and left-side mid scapular pain. The diagnoses have included right shoulder rotator cuff tear; left shoulder strain; sprain/strain of the rotator cuff and rotator cuff rupture. Treatment to date has included Magnetic Resonance Imaging (MRI) on 5/14/13 of the right shoulder that showed a right full tear of the rotator cuff, medications, physical therapy and aquatherapy. According to the utilization review performed on 12/31/14, the requested Diclofenac Sodium 1.5% 60gm #3 DOS: 6-9-14, 7-7-14 and Hydrocodone Bit/Apap 10/325mg #30ms QTY: 90 DOS: 6-9-14, 7-7-14 has been non-certified. CA MTUS Compounded Medications, Opioids and ODG used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm #3 DOS: 6-9-14, 7-7-14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac sodium 1.5% #60 g with three refills dates of service June 9, 2014 and July 7, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac is the only FDA approved topical analgesic. Diclofenac 1% gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are rotator cuff sprain/strain; rotator cuff rupture; and long-term use of medications. Subjectively, the injured worker continues to have pain in the right shoulder and Ms. Tabula area. Pain is 9/10 on the VAS without medications and 5/10 with medications. She underwent steroid injections to the right shoulder which help alleviate pain, Objectively, there is tenderness of the AC joint and tenderness over the right rotator cuff anteriorly and biceps tendon. Sensory examination is intact. Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. The worker's injury is to the shoulder. Additionally, the documentation does not contain evidence of osteoarthritis or osteoarthritis related pain. Consequently, absent documentation to support the clinical indication of diclofenac gel without evidence of osteoarthritis related pain, Diclofenac sodium 1.5% #60 g with three refills dates of service June 9, 2014 and July 7, 2014 is not medically necessary.

Hydrocodone Bit/Apap 10/325mg #30ms QTY: 90 DOS: 6-9-14, 7-7-14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone bitartrate 10/325 mg #90 days of service June 9, 2014 and July 7, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are rotator cuff sprain/strain; rotator cuff rupture; and long-term use of medications. Subjectively, the injured worker continues to have pain in the right shoulder and Ms. Tabula area. Pain is 9/10 on the VAS without medications and 5/10 with medications. She underwent steroid injections to the right shoulder which help alleviate pain, Objectively, there is tenderness of the AC joint and tenderness over the right rotator cuff anteriorly and biceps tendon. Sensory examination is intact.

The documentation shows the treating physician prescribed Norco as far back as March 17, 2014. This is the earliest progress note medical record and not necessarily the start date. The documentation does not contain evidence of objective functional improvement, risk assessments or detailed pain assessments associated with the use of Norco. Consequently, absent documentation with objective functional improvement, risk assessments and pain assessments, hydrocodone bitartrate 10/325 mg #90 dates of service June 9, 2014 and July 7, 2014 is not medically necessary.