

Case Number:	CM15-0132003		
Date Assigned:	07/20/2015	Date of Injury:	10/23/2012
Decision Date:	08/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 56 year old female, who sustained an industrial injury on 10/23/2012. The mechanism of injury was not described. The current diagnoses are left shoulder impingement syndrome, possible rotator cuff tear; status post left shoulder arthroscopy (8/7/2014), right medial epicondylitis, and left medial epicondylitis. According to the progress report dated 6/2/2015, the injured worker complains of bilateral elbow pain, right worse than left. She reports occasional numbness in her hands and fingers especially with sleeping. In addition, she reports pain and swelling in her left knee. On a subjective pain scale, she rates her pain 6/10 with medications and 9/10 without. Overall, she is noting functional improvement and improvement in pain with her current medication regimen. The physical examination reveals tenderness over the medial epicondyles of the elbows bilaterally. Examination of the left knee reveals tenderness over the medial joint line. The current medications are Norco, Flexeril, and Voltaren gel. There is documentation of ongoing treatment with Voltaren gel since at least 3/10/2015. Per notes, the injured worker had gastric surgery and cannot tolerate oral NSAID medications. Treatment to date has included medication management and surgical intervention. The injured worker has been instructed to return to modified duty on 1/20/2015. A request for Norco and Voltaren gel has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids for chronic pain; Opioids for neuropathic pain Page(s): 76-80, 80-82, 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Voltaren gel 1% 100g with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines, Voltaren Gel 1% (Diclofenac) is indicated for the relief of osteoarthritis in joints that lend themselves to topical treatment, such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. The maximum dose should not exceed 32 g per day. The submitted documentation does not indicate that the injured worker had a diagnosis of osteoarthritis. Additionally, the efficacy of the medication was not submitted for review, nor was it indicated that it helped with any functional deficits. The specific site(s) for application were not documented. Medical necessity for the requested topical gel has not been established. The requested 1% Voltaren Gel is not medically necessary.