

Case Number:	CM15-0169083		
Date Assigned:	09/09/2015	Date of Injury:	06/26/2013
Decision Date:	10/07/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained an industrial-work injury on 6-26-13. He reported initial complaints of left shoulder pain after lifting a heavy panel. The injured worker was diagnosed as having acromioclavicular joint-ligament sprain. Treatment to date has included medication, physical therapy, injection, surgery (left shoulder rotator cuff repair on 2-25-15). MRI results were reported on 1-2-15 of the left shoulder that demonstrated full thickness cuff tear, tendinosis of the intra-articular biceps tendon, AC (acromioclavicular) joint arthrosis, and mild synovitis of the rotator cuff interval. Currently, the injured worker complains of left shoulder, left arm, and some right shoulder pain. Physical therapy and NSAID (non-steroid anti-inflammatory) was not beneficial. A bilateral shoulder subacromial space injection in 12-2015 gave 75% temporary relief. Medications included Voltaren, Tramadol, Norco 5-325, and Aspirin. Per the primary physician's progress report (PR-2) on 6-29-15, exam noted tender to palpation on the anterolateral and posterior aspects of the terminal or lateral clavicle, and he does have some occult swelling. Current plan of care includes activity modification, medication, and current rehabilitation program. The Request for Authorization date was 7-10-15 and requested service included: Retrospective: Prilosec 20mg #60 (dispensed 7/10/15) and Voltaren gel 1% 2gm four times daily to left shoulder #3 (prescribed 7/10/15). The Utilization Review on 7-27-15 denied the request for Prilosec and Voltaren gel due to lack of documentation for use of Prilosec and proper use of Voltaren gel per guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Prilosec 20mg #60 (dispensed 7/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Retrospective: Prilosec 20mg #60 (dispensed 7/10/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.

Voltaren gel 1% 2gm four times daily to left shoulder #3 (prescribed 7/10/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Voltaren Gel (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Voltaren gel 1% 2gm four times daily to left shoulder #3 (prescribed 7/10/15) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs including Voltaren for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS states that there is no evidence to support the use of topical Voltaren for the shoulder therefore this request is not medically necessary.