MAXIMUS Federal Services

Case Number:	CM15-0194684		
Date Assigned:	10/08/2015	Date of Injury:	12/07/2013
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 39 year old female who reported an industrial injury on 12-7-2013. Her diagnoses, and or impressions, were noted to include: pain in shoulder joint, joint of forearm, and joint of hand; left shoulder tendinosis with partial disruption of the infra-spinatus tendon. No imaging studies were noted; magnetic resonance imaging of the left shoulder was said to be done on 10-10-2014, noting abnormal findings; and electrodiagnostic studies of the bilateral upper extremities were said to be done on 6-25-2014, noting abnormal findings. Her treatments were noted to include: a panel qualified medical re-evaluation on 6-11-2015; injections to the left shoulder (8-18-15), ineffective; authorization for a surgical consultation; medication management with toxicology studies; and modified work duties, which were noted to not be available. The pain management progress notes of 8-24-2015 reported complaints which included: continued and chronic bilateral upper extremity and left shoulder pain; and bilateral hand pain, right > left, that worsened with repetitive use. The review of systems noted complaints which included: night sweats, severe fatigue, blurred vision, dizziness and headaches, and of itching of skin without rash. The objective findings were noted to include: tears with the notation of pain; decreased strength in the bilateral wrists, and left forearm extension; and that continued to have bilateral upper extremity and left shoulder pain. The physician's requests for treatment were noted to include the continuation of medications noted to include: Diclofenac Sodium 1.5% 60 grams, apply to affected area 3 x a day, #1 with 1 refill; and Tramadol 50 mg, 1 tablet every 8 hours as needed for pain, #90 with 1 refill. The progress notes of 3-20-2015 noted medications of Diclofenac 1.5% cream and Tramadol 37.5 mg, 2-3 tabs a day, #90. The progress

notes of 5-15-2015 noted medications of Gabapentin and Tramadol 37.5 mg. The progress notes of 6-19-2015 noted medications of Gabapentin and Tramadol 37.5 mg. The progress notes of 7-20-2015 noted medications of Diclofenac 1.5% and Tramadol 50 mg, 1 tablet every 8 hours as needed for pain, #90, with 1 refill. No Request for Authorization for Diclofenac Sodium 1.5% cream, 60 grams, with 1 refill; and Tramadol 50 mg, #90 with 1 refill was noted in the medical records provided. The Utilization Review of 9-10-2015 non-certified the request for: Diclofenac Sodium 1.5% cream, 60 grams, with 1 refill; and Tramadol 50 mg, #90 with 1 refill.

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 #1 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007) Chapter 6, p131-132.

Decision rationale: The claimant sustained a work injury with date of injury in December 2012 and continues to be treated for chronic left shoulder and bilateral upper extremity pain. When seen, there had been no improvement after a left shoulder injection less than one week before. A surgical evaluation was pending. Review of systems was negative for gastrointestinal problems and the claimant's past medical history was that of depression and headaches. Physical examination findings included appearing tearful. There was decreased bilateral upper extremity strength. Gabapentin, tramadol, and topical diclofenac were being prescribed and were refilled. Topical non-steroidal anti-inflammatory (NSAID) medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral NSAID medications. In this case, there is no apparent contraindication to a trial of an oral NSAID or failure of prior NSAID therapy. Prescribing topical diclofenac is not medically necessary.

Tramadol 50mg #90 with 1 Refill (DOS: 8-24-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury with date of injury in December 2012 and continues to be treated for chronic left shoulder and bilateral upper extremity pain. When seen, there had been no improvement after a left shoulder injection less than one week before. A surgical evaluation was pending. Review of systems was negative for gastrointestinal problems and the claimant's past medical history was that of depression and headaches. Physical

examination findings included appearing tearful. There was decreased bilateral upper extremity strength. Gabapentin, tramadol, and topical diclofenac were being prescribed and were refilled. Tramadol is an immediate release short acting medication used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not medically necessary.