

Case Number:	CM15-0197754		
Date Assigned:	10/12/2015	Date of Injury:	01/30/2003
Decision Date:	11/25/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 74 year old female who sustained an industrial injury on 1-30-03. The injured worker reported left shoulder discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for adhesive capsulitis of shoulder and pin in joint shoulder region. Medical records dated 9-15-15 notes the injured workers left shoulder "continues to be in pain." Treatment has included Tramadol since at least January of 2015, Tylenol, Voltaren gel since at least August of 2014 and Vicodin since at least July of 2014. Objective findings dated 9-15-15 were notable for "SKIN: good turgor, normal, no rash". Objective findings dated June of 2015 were notable for tenderness to acromioclavicular, cross-arm test positive, and impingement sign positive and tender over bicipital groove. The original utilization review (9-22-15) denied a request for 1 Prescription of Zorvolex 35mg #90 and 1 Prescription of Tylenol No. 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Zorvolex 35mg #90: Overturned

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): Anti-inflammatory medications.

Decision rationale: The 74 year old patient complains of left shoulder pain, as per progress report dated 09/16/15. The request is for 1 Prescription of Zorvolex 35mg #90. The RFA for this case is dated 09/16/15, and the patient's date of injury is 01/30/03. Diagnoses, as per progress report dated 09/16/15, included adhesive capsulitis of shoulder, pain in shoulder joint region, and rotator cuff repair. Prescribed medications, as per this report, include Zorvolex. The reports do not document the patient's work status. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, the Zorvolex is only noted in progress report dated 09/16/15. The treater is requesting for a 30-day trial of the medication as the patient's Tramadol was denied. The reports do not document prior use of NSAIDs or efficacy. Nonetheless, a trial of Zorvolex appears reasonable and is medically necessary.

1 Prescription of Tylenol No. 3: 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, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The 74 year old patient complains of left shoulder pain, as per progress report dated 09/16/15. The request is for 1 prescription of Tylenol NO. 3. The RFA for this case is dated 09/16/15, and the patient's date of injury is 01/30/03. Diagnoses, as per progress report dated 09/16/15, included adhesive capsulitis of shoulder, pain in shoulder joint region, and rotator cuff repair. Prescribed medications, as per this report, include Zorvolex. The reports do not document the patient's work status. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and

measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In this case, Tylenol # 3 was initiated during the 06/16/15 visit as the patient's Tramadol was denied. In the report, the treater states that Tramadol helped reduce pain from 9/10 to 5/10. In progress report dated 05/12/15, the treater indicates that the patient is "not productive and cannot do ADLs without meds." In a prior report dated 03/10/15, the treater reiterates Tramadol "is helpful." The treater, however, does not document objective functional improvement using validated instruments, or questionnaires with specific categories from prior opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." No UDS and CURES reports are available for review. In this case, treater has not addressed the 4A's adequately to warrant continued use of opioids. Hence, the request is not medically necessary.