

Case Number:	CM15-0203408		
Date Assigned:	10/20/2015	Date of Injury:	04/01/2007
Decision Date:	12/03/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/15/2015

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 42 year old female who sustained an industrial injury on 4-1-07. A request for authorization dated 9-16-15 notes diagnoses as left shoulder repair, left acromioclavicular degenerative joint disease, bilateral carpal tunnel syndrome, and right long trigger finger. Subjective complaints (9-15-15) include achy, sore pain that comes and goes with decreased swelling. Objective findings (9-15-15) include incisions healed, no range of motion tested due to recent surgery (8-4-15), and tenderness at the rotator cuff. Work status was noted as total temporary disability for 45 days. The treatment plan notes 12 sessions of post-operative physical therapy and Norco 10-325mg 1, four times a day as needed for pain, Soma 350mg 1, three times a day, Voltaren 75mg 1 twice a day, and Prilosec 20mg twice a day. Previous treatment includes Norco (since at least 4-24-15), Voltaren (since at least 4-24-15), Prilosec, Soma, physical therapy, and Cortisone-left shoulder. On 9-25-15, the requested treatment of Norco 10-325mg #180 with 1 refill was modified to Norco 10-325mg #180 and Voltaren 75mg #60 with 2 refills was modified to Voltaren 75mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: The current request is for Norco 10/325mg, #180 with 1 refill. The RFA is dated 09/16/15. Treatment history includes left shoulder surgery (08/04/15), shoulder injections, physical therapy and medications. The patient is not working. 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." Per report 09/15/15, the patient is status post left shoulder surgery on 08/04/15, and presents with continued pain and some soreness. Physical examination revealed tenderness at the rotator cuff. The treater recommended additional PT, and refill of medications. The patient has been prescribed Norco since at least 04/24/15. Per report 04/24/15, "the patient reports that her prescription provides her with relief." Possible side effects were discussed with the patient, and a UDS was administered. Although such medications may be an appropriate measure for this patient's post-operative pain, the patient has been provided refills without any discussion regarding specific functional improvement, changes in ADL's or change in work status to document medication efficacy. In addition, there are no before and after pain scales provided to denote a decrease in pain with utilizing Norco. The treater has not discussed all the 4A's, as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Voltaren 75mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac sodium.

Decision rationale: The current request is for Voltaren 75mg, #60 with 2 refills. The RFA is dated 09/16/15. Treatment history includes left shoulder surgery (08/04/15), shoulder injections, physical therapy and medications. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain - Chronic Low Back Pain states: "Recommended as an option for short-term symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) states: "Not recommended as first line due to increased risk profile. A large

systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Per report 09/15/15, the patient is status post left shoulder surgery on 08/04/15, and presents with continued pain and some soreness. Physical examination revealed tenderness at the rotator cuff. The treater recommended additional PT, and refill of medications. The patient has been prescribed Norco since at least 04/24/15. Per report 04/24/15, "the patient reports that her prescription provides her with relief." Possible side effects were discussed with the patient, and a UDS was administered. Although such medications may be an appropriate measure for this patient's post-operative pain, the patient has been provided refills without any discussion regarding medication efficacy. MTUS page 60 requires recording of pain and function when medications are provided for chronic pain. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.