

Case Number:	CM15-0027000		
Date Assigned:	02/19/2015	Date of Injury:	09/22/2007
Decision Date:	04/06/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/12/2015

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 54 year old female, who sustained an industrial injury on 09/22/2007. She has reported subsequent neck and bilateral shoulder pain and was diagnosed with cervical neck condition with facet inflammation and tightness, impingement syndrome of the left shoulder and bilateral carpal tunnel syndrome. Treatment to date has included oral and topical pain medication, physical therapy and application of heat and ice. In a progress note dated 09/16/2014, the injured worker complained of continued neck and bilateral shoulder pain that was rated as 6/10 with neck spasms and tingling to both hands. Objective physical examination findings were notable for reduced range of motion of the neck and right upper extremity. Requests for authorization of a spine surgery consult, Ultracet and Voltaren gel were made. On 01/07/2015, Utilization Review non-certified a request for Ultracet, noting that there was no rationale as to why the injured worker would be prescribed this medication and non-certified a request for spine surgery consult, noting that there was no documentation of recent conservative measures that were tried and failed. Utilization Review also modified a request for Voltaren gel from 1% 100 gm x 3 bottles to 1% #100 mg x 1 bottle, noting that documentation of analgesic response and functional benefit should be submitted prior to authorization of additional Voltaren. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery Consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient was injured on 09/22/07 and presents with neck and bilateral shoulder pain. The request is for a SPINE SURGERY CONSULT. The RFA is dated 09/16/14 and the patient is not working. The reason for the request is not provided. ACOEM Practice Guidelines, 2nd edition (2004), page 120, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." She has neck spasms/tingling to both hands, a reduced range of motion of the neck, and a reduced range of motion for the right upper extremity. The patient is diagnosed with cervical neck condition with facet inflammation/tightness, severe headaches, carpal tunnel syndrome bilaterally status post ulnar nerve release, impingement syndrome of the shoulder on the left, depression, and stress. Treatment to date has included oral and topical pain medication, physical therapy and application of heat and ice. The reason for the request is not provided; and there is no indication that the patient may need spine surgery. Unfortunately, none of the reports provided contained any information indicating a need for such as a consult. Therefore, the requested spine surgery consult IS NOT medically necessary.

Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 09/22/07 and presents with neck and bilateral shoulder pain. The request is for a ULTRACET 37.5/325 MG #60. The RFA is dated 09/16/14 and the patient is not working. The patient has been taking this medication as early as 07/17/14. MTUS Guidelines 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 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. In this case, none of the 4As are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such

as CURES reports, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient was compliant with her medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultracet IS NOT medically necessary.

Voltaren Gel 1% #100gm times 3 bottles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient was injured on 09/22/07 and presents with neck and bilateral shoulder pain. The request is for a VOLTAREN GEL 1% #100 GM X 3 BOTTLES. The RFA is dated 09/16/14 and the patient is not working. It appears that this is the initial request for Voltaren Gel. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical NSAIDs, page 111-113 states, "Indications: 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 for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." She has neck spasms/tingling to both hands, a reduced range of motion of the neck, and a reduced range of motion for the right upper extremity. The patient is diagnosed with cervical neck condition with facet inflammation/tightness, severe headaches, carpal tunnel syndrome bilaterally status post ulnar nerve release, impingement syndrome of the shoulder on the left, depression, and stress. MTUS guidelines state that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." In this case, the patient presents with neck pain and bilateral shoulder pain. Due to lack of support from MTUS guidelines, the requested Voltaren Gel IS NOT medically necessary.