

Case Number:	CM15-0220464		
Date Assigned:	11/13/2015	Date of Injury:	06/26/2013
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 injury on 6-26-13. The injured worker was being treated for pain in left shoulder and incomplete rotator cuff tear or rupture of left shoulder. On 10-16-15, the injured worker complains of left shoulder pain rated 6 out of 10 without medications and 2-3 out of 10 with medications. Work status is total temporary disability. Physical exam performed on 10-16-15 revealed healed surgical portals of left shoulder and testing was negative, representing normal rotator cuff function. Treatment to date has included arthroscopic left shoulder repair of rotator cuff, 8 sessions of physical therapy, home exercise program, oral medications including Prilosec, Ultracet 37.5-325mg (since at least 6-9-15); topical Pennsaid 2% and Voltaren Gel 1%. On 10-16-15 request for authorization was submitted for Ultracet 37.5-325mg #60 and trial of Pennsaid 2% 2-3 times a day #1 bottle. On 10-23-15 request for Ultracet 37.5-325mg #60 and trial of Pennsaid 2% 2-3 times a day #1 bottle non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ultracet 37.5/325mg #60 (DOS 10/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter (Online Version); Medicinenet.com.

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

Decision rationale: The request for ultracet is not medically necessary. The chart does not provide any documentation of improvement in pain and function with the use of ultracet. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of this opioid, the long-term efficacy is limited, and there is high abuse potential, the risks of ultracet outweigh the benefits. The request is not medically necessary.

Trial of Pennsaid 2% #1 bottle (prescribed 10/16/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Online Version.

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Voltaren gel is the recommended brand of topical diclofenac, not Pennsaid. Therefore, the request is not medically necessary.