

Case Number:	CM15-0221872		
Date Assigned:	11/17/2015	Date of Injury:	11/10/2006
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/11/2015

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: Preventive Medicine, Occupational Medicine

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 is a 55 year old male with a date of injury on 11-10-2008. A review of the medical records indicates that the injured worker is undergoing treatment for pain in left arm, long-term (current) use of opiate analgesic and pain in right shoulder. According to the progress report dated 11-2-2015 the injured worker complained of left upper extremity pain and right shoulder pain. The physical exam (11-2-2015) revealed cervical spine range of motion restricted by pain. Spinous process tenderness was noted on C4, C5 and C6. There was tenderness to palpation of the right shoulder. Treatment has included cervical epidural steroid injection and medication. Current medications included Celexa, Fioricet, Celebrex and Voltaren gel (all since at least 5-2015). The original Utilization Review (UR) (11-6-2015) denied requests for Voltaren gel, Fioricet and right shoulder magnetic resonance imaging (MRI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel 100 grams Qty: 1.00: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). As this medication has not been evaluated for use in the shoulder, the request is not supported. The request for Voltaren 1% gel 100 grams Qty: 1.00 is determined to not be medically necessary.

Fioricet 50/300/40/30 mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The MTUS Guidelines do not recommend the use of Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of barbiturate containing analgesic agents due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. The injured worker is being treated for chronic pain. Fioricet is not recommended in this case. The request for Fioricet 50/300/40/30 mg Qty: 90.00 are determined to not be medically necessary.

Right shoulder MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS Guidelines recommend MRI of the shoulder for preoperative evaluation of partial thickness or large full thickness rotator cuff tears. Arthrography is an option for preoperative evaluation of small full thickness tears or labral tears. The MTUS Guidelines do not recommend MRI for shoulder impingement resulting from chronic rotator cuff degenerative changes or exacerbations from repeated overhead work. Routine MRI or arthrography for evaluation without surgical indications is not recommended. In this case, there is no evidence of nerve impairment or other red flag that would warrant a shoulder MRI. The request for right shoulder MRI is determined to not be medically necessary.