

Case Number:	CM15-0039577		
Date Assigned:	03/09/2015	Date of Injury:	09/18/2010
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
 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 49 year old male, who sustained an industrial injury on September 18, 2010. He reported bilateral shoulder and right knee pain. The injured worker was diagnosed as having chronic knee pain, status post bilateral shoulder surgery with chronic pain, and status post right shoulder surgery on November 18, 2014. Treatment to date has included electrodiagnostic studies, x-rays and MRI of the right knee, x-rays and MRI of the bilateral shoulders, physical therapy for the shoulders, home exercise program, bilateral shoulder steroid injections, ice, right shoulder immobilizer, and medications including pain, oral and topical non-steroidal anti-inflammatory, and steroid. On January 27, 2015, the treating physician reports his right shoulder is slowly improving. The physical exam revealed healed surgical portals of the right shoulder with anterior and lateral tenderness, no laxity with flexion and abduction, significantly decreased range of motion of the right shoulder, moderately decreased range of motion of the left shoulder, and mildly decreased motor strength of the shoulders. There was bilateral knee joint line tenderness, negative McMurray's and anterior drawer sign, negative valgus and varus instability, occasional crepitation, and no swelling or deformities. The treatment plan includes pain and topical non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Vicodin 5/300mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Norco for several months. Pain scores were not charted showing medication response. Tylenol failure was not provided. The continued use of Norco is not medically necessary.

Prescription of Voltaren gel 100g, #2 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is 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. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 2 months is not indicated. There are diminishing effects after 2 weeks. The Voltaren gel is not medically necessary.