

Case Number:	CM15-0048078		
Date Assigned:	03/20/2015	Date of Injury:	06/14/2013
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/13/2015

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 (IW) is a 50-year-old female who sustained an industrial injury to the bilateral shoulders on 06/14/2013. Diagnoses include internal derangement of left shoulder and shoulder pain. Treatment to date has included medications, bilateral shoulder surgeries and physical therapy. Diagnostics performed to date has included MRIs. According to progress notes dated 1/28/15, the IW reported persistent left shoulder pain despite previous surgery; she also reported some numbness and tingling at night. Prescriptions for Percocet and Voltaren gel were requested for pain management while waiting for orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 7.5/325 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For the Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 01/28/15 with unrated bilateral shoulder pain and associated numbness and tingling to the right upper extremity. The patient's date of injury is 06/14/13. Patient is status post bilateral shoulder surgeries of an unspecified nature, the left was completed in January 2014 and the right was completed in April 2014. The request is for Percocet 7.5/325mg #60 With 2 Refills. The RFA is dated 02/09/15. Physical examination dated 01/28/15 documents that this patient is unable to raise the left arm beyond the horizontal or reach to the scapula. No other positive physical findings pertinent to this patient's chief complaint are included. The patient is currently prescribed Alprazolam, Atenolol, Citalopram, Percocet, Promethazine, and Voltaren gel. Diagnostic imaging was not included. Per 12/15/14 progress note, patient is advised to remain off work for 99 months. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) 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, Therapeutic trial of opioids, section on On-Going Management 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 regard to the request for continued use of Percocet for the management of this patient's chronic shoulder pain, treater has not provided adequate documentation of analgesia. This patient has been taking Percocet since at least 12/15/14, though no documentation of efficacy is included in the subsequent notes. Furthermore, there are no recent consistent drug screen results or discussion of lack aberrant behaviors provided either. Owing to a lack of 4A's as required by MTUS, the request IS NOT medically necessary.

Voltaren Gel 1% 200 grams x 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

Decision rationale: The patient presents on 01/28/15 with unrated bilateral shoulder pain and associated numbness and tingling to the right upper extremity. The patient's date of injury is 06/14/13. Patient is status post bilateral shoulder surgeries of an unspecified nature, the left was completed in January 2014 and the right was completed in April 2014. The request is for Voltaren Gel 1% 200 Grams X 5 Refills. The RFA is dated 02/09/15. Physical examination dated 01/28/15 documents that this patient is unable to raise the left arm beyond the horizontal or reach to the scapula. No other positive physical findings pertinent to this patient's chief complaint are included. The patient is currently prescribed Alprazolam, Atenolol, Citalopram, Percocet, Promethazine, and Voltaren gel. Diagnostic imaging was not included. Per 12/15/14 progress note, patient is advised to remain off work for 99 months. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available

evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. "MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." MTUS allows for use of topical anti-inflammatory medications such as Voltaren for chronic pain of this nature. This patient has been prescribed Voltaren since at least 12/15/14, though there is no discussion of efficacy or functional improvements included in the subsequent reports. MTUS requires documentation of medication efficacy to substantiate continued use, none is provided. In addition, MTUS only supports topical NSAIDS for peripheral joint use. Therefore, the request IS NOT medically necessary.