

Case Number:	CM15-0084516		
Date Assigned:	05/06/2015	Date of Injury:	03/25/2014
Decision Date:	06/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/02/2015

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: 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 45-year-old female who sustained a cumulative industrial injury on 03/25/2014. The injured worker was diagnosed with right C5-C6 disc herniation with neurologic deficits, cervical strain and possible right shoulder pathology. Treatment to date includes diagnostic testing, conservative measures, physical therapy and medications. According to the primary treating physician's progress report on March 16, 2015, the injured worker continues to experience neck and right shoulder with persistent numbness on the right hand into her right thumb. The injured worker rates her pain level at 8/10 without medications and 3/10 with medications. Examination of the cervical spine demonstrated decreased sensation and strength on the right C6 with tenderness and muscle spasm in the paraspinal muscles and decreased range of motion. Equivocal Lhermitte's and Spurling's sign were positive on the right. The right shoulder examination noted positive impingement with decreased and painful range of motion. The provider for pain flare up intramuscularly administered Toradol at the office visit. Current medications are listed as Soma, Percocet and Voltaren Gel. Treatment plan consists of authorized shoulder magnetic resonance imaging (MRI), Interferential Stimulation (IF) unit and the current request for Percocet and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tube of Voltaren Gel 1%: Upheld

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

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

Decision rationale: This patient receives treatment for chronic cervical disc disease and right shoulder pain. This injured worker suffered a work-related injury on 03/25/2014. The patient also experiences symptoms that travel down the right upper extremity. This patient has become opioid dependent. This review addresses a request for Voltaren gel, a topical analgesic. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition, if a product contains at least one drug or drug class that is not recommended, then that product cannot be recommended. Voltaren is an NSAID. NSAIDs are not medically indicated to treat chronic musculoskeletal pain. Voltaren gel is not medically necessary.

Percocet 10/325 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic cervical disc disease and right shoulder pain. This injured worker suffered a work-related injury on 03/25/2014. The patient also experiences symptoms that travel down the right upper extremity. This review addresses a request for refills of Percocet, which contains oxycodone 10mg, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of the return to function. Based on the documentation treatment with Percocet is not medically necessary.