

Case Number:	CM14-0007416		
Date Assigned:	04/30/2014	Date of Injury:	04/18/2009
Decision Date:	09/03/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 65-year-old female with an injury date of 04/18/2009. According to the 11/14/2013 progress report, the patient presents with pain in her left knee with popping sensation and swelling. She rates her pain in her left knee as an 8/10. The patient also complains of right shoulder pain, which she rates as a 7/10. She reports at least 50% functional improvement with the medications versus not taking them at all. Her left knee exam reveals swelling over the knee joint and tenderness over the pes anserine bursa. A right shoulder exam reveals that the patient has tenderness over the subacromion and has a limited range of motion. The patient's diagnoses include history of left total knee replacement with ongoing knee pain, with probably pes anserine bursitis; nonindustrial right knee degenerative joint disease and diabetes; history of right knee degenerative joint disease, nonindustrial; history of right shoulder sprain/strain. MRI revealed subacromial and subdeltoid bursitis tendinopathy, possible Hill-Sachs deformity with subchondral cyst in the subacromial region. The request is for Tylenol Extra-Strength #120, Ultracet #120, and Voltaren gel 100 mg x1 tube. The utilization review determination being challenged is dated 12/16/2013. Treatment reports were provided from 06/18/2013 - 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol Extra - Strength #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Medications for chronic pain Page(s): 60, 61.

Decision rationale: Based on the 11/14/2013 progress report, the patient presents with pain in her right shoulder as well as her left knee. The request is for Tylenol Extra-Strength #120. The patient has been taking Tylenol as early as 06/18/2013. MTUS supports Tylenol as first line treatment for chronic pain. It appears as though the provider has prescribed the patient Tylenol over a long period of time, but the provider does not mention its effectiveness. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Due to lack of documentation, this request is not medically necessary.

Ultracet #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61 88, 89.

Decision rationale: According to the 11/14/2013 progress report, the patient presents with pain in her left knee and her right shoulder. The request is for Ultracet #120. The patient has been taking Ultracet as early as 06/18/2013. None of the reports indicate the impact Ultracet had on the patient. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months. Documentation of the 4As (analgesia, ADLs, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, and duration of pain relief with medication. None of the reports provide any discussion regarding how Ultracet has been helpful in terms of decreased pain or in functional improvement. The provider does not provide any pain scales for a comparison as to how Ultracet impacted the patient. Given the lack of documentation demonstrating efficacy of chronic opiate use, the patient should be slowly weaned off as outlined in the MTUS Guidelines. Therefore, this request is not medically necessary.

Voltaren Gel 100mg, One Tube: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61, 22, 67, 68.

Decision rationale: Based on 11/14/2013 progress report, the patient presents with left knee pain and right shoulder pain. The request is for Voltaren gel 100 mg x1 tube. In the 08/15/2013 progress report, She states that she has been putting Voltaren gel over the knee, and she finds it helpful. MTUS supports topical NSAIDs for peripheral joint arthritis and tendinitis. In this patient, given the patient's knee pain, topical NSAID can be tried. Given that it has been helpful, this request is medically necessary.

