MAXIMUS Federal Services

Case Number:	CM14-0158693		
Date Assigned:	10/02/2014	Date of Injury:	08/04/2000
Decision Date:	06/25/2015	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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. 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: Emergency 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:

The injured worker is a 65 year old female, who sustained an industrial injury on 8/4/2000. The current diagnoses are chronic shoulder joint pain, right shoulder rotator cuff syndrome, and status post right knee arthroscopy (1/27/2014). According to the progress report dated 6/3/2014, the injured worker reports that her right shoulder bothers her when she pushes it with activities or heavy lifting. She notes that the pain can go up to a 7-8/10 on a subjective pain scale. The pain does wake her up at night. Additionally, she complains of tightness in her right knee, otherwise is doing well. The examination of the right shoulder reveals no swelling, warmth, erythema or ecchymosis. She has active forward elevation to 160 degrees, abduction to 150 degrees, and external rotation to 45. She has 5/5 rotator cuff strength. The current medications are Lunesta, Nexium, Voltaren gel, Norco, and Ambien. Treatment to date has included medication management, subacromial injection, and home exercise program. The plan of care includes prescriptions for Norco, Lunesta, and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 77-79 of 127.

Decision rationale: The patient sustained an injury in August 2000. She subsequently has been diagnosed with chronic shoulder pain and rotator cuff syndrome. She has been treated with subacromial injection, home exercises, and pharmacologic therapy. The MTUS guidelines state that for ongoing opioid use, certain requirements must be met. These include not only pain relief, but functional gains seen. In addition, certain monitoring measures must be undertaken. There is insufficient documentation indicating these functional gains or screening measures. The MTUS guidelines state the following: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000)" The request is not medically necessary.

Lunesta 2 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-204.

Decision rationale: The patient sustained an injury in August 2000. She subsequently has been diagnosed with chronic shoulder pain and rotator cuff syndrome. She has been treated with subacromial injection, home exercises, and pharmacologic therapy. The ACOEM guidelines do not indicate the use of Lunesta or any medications for insomnia to aid in rotator cuff syndrome. There is insufficient documentation to support continued use of this type of medication for the diagnosis listed. The request is not medically necessary.

Voltaren 1 % topical gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 Page(s): 111-112 of 127.

Decision rationale: The patient sustained an injury in August 2000. She subsequently has been diagnosed with chronic shoulder pain and rotator cuff syndrome. She has been treated with subacromial injection, home exercises, and pharmacologic therapy. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004). The MTUS guidelines state the following: "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The patient's use of this medication is greater than 12 weeks where benefit could be seen. Also, there is insufficient evidence to support its use for shoulder pain. The request is not medically necessary.