

Case Number:	CM15-0112036		
Date Assigned:	06/18/2015	Date of Injury:	10/01/2013
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/10/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 61 year old male, who sustained an industrial injury on 10/01/2013. He reported injuring his left shoulder while working as a gardener. The injured worker is currently tolerating full duty. The injured worker is currently diagnosed as having partial rotator cuff tear and labral tear. Treatment and diagnostics to date has included left shoulder MRI which showed thickening of the capsule at the rotator interval and inferior glenohumeral ligament, physical therapy, and medications. In a progress note dated 02/27/2015, the injured worker presented with complaints of persistent left shoulder symptoms. The treating physician reported requesting authorization for retrospective Vicodin and retrospective Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 4/20/15 Vicodin 5/300mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service April 20, 2015 Vicodin 5/300 mg #75 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long- term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are partial rotator cuff tear; and labral tear. The earliest progress in over the medical record is dated January 16, 2015. Subjective complaints are left shoulder pain. The injured worker uses medications, heat and ice. The documentation indicates there is a partial rotator cuff tear. There are no medications documented in the medical record. In a February 27, 2015 progress note, similarly there are no medications documented in the medical record. In a qualified medical examination (QME) dated February 23, 2015, the injured worker was noted to take Vicodin and Soma. There were no strengths or directions for their use in the medical record. The most recent progress note was dated May 20, 2015. There are no medications listed in the record. A prescription for Vicodin was written April 20, 2015. There is no contemporaneous progress note to support that prescription on or about April 20, 2015. There is no documentation demonstrating objective functional improvement to support ongoing Vicodin. There are no detailed pain assessments and no risk assessments in the medical record. There is no discussion of attempted opiate weaning in the medical record. Consequently, absent contemporaneous clinical documentation to support a Vicodin prescription (April 20, 2015), serial progress notes with no medications listed, evidence of objective functional improvement, risk assessments and detailed pain assessments with attempted opiate weaning, retrospective date of service April 20, 2015 Vicodin 5/300 mg #75 is not medically necessary.

Retro DOS: 4/20/15 Voltaren Gel 1% 100g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service April 20, 2015 Voltaren (Diclofenac) gel 1% #100gm is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for

neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are partial rotator cuff tear; and labral tear. The earliest progress in over the medical record is dated January 16, 2015. Subjective complaints are left shoulder pain. The injured worker uses medications, heat and ice. The documentation indicates there is a partial rotator cuff tear. A Voltaren gel 1% prescription states apply to the shoulder bid. Diclofenac (Voltaren) gel is not indicated for treatment of the shoulder. Any compounded product that contains at least one drug (Voltaren gel to the shoulder) that is not recommended is not recommended. Consequently, Voltaren gel 1% is not recommended. Consequently, absent guideline recommendations for diclofenac (Voltaren) gel application to the shoulder, retrospective date of service April 20, 2015 Voltaren (Diclofenac) gel 1% #100gm is not medically necessary.