

Case Number:	CM15-0117272		
Date Assigned:	06/25/2015	Date of Injury:	03/20/1999
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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, North Carolina
 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:

This is a 57 year old male with a March 20, 1999 date of injury. A progress note dated June 4, 2015 documents subjective complaints (increased right shoulder pain; pain rated at a level of 6.5/10 with medications and 7.5/10 without medications; activity level has increased), objective findings (range of motion of the cervical spine restricted by pain; hypertonicity and tenderness of the cervical paravertebral muscles on both sides; tenderness noted to the trapezius and right side of trapezius; right shoulder movements restricted due to pain; tenderness to palpation of the acromioclavicular joint, glenohumeral joint, and subdeltoid bursa; decreased motor strength of the right shoulder), and current diagnoses (right shoulder pain). Treatments to date have included medications, cortisone injections, transcutaneous electrical nerve stimulator unit, and imaging studies. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Voltaren gel and Hydrocodone/Acetaminophen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% #1: 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).

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

Decision rationale: CA MTUS states that Voltaren gel is indicated in the treatment of small joint arthritis which lends itself to topical treatment, such as knees, ankles, feet, elbows, wrists, fingers, etc. It is not specifically indicated for shoulder and neck pain, as requested in this case. In addition, osteoarthritis is not specifically raised. Also, there is no evidence of intolerance to oral medications. Thus, the applicant does not carry a diagnosis of small joint arthritis for which Voltaren gel is indicated. Therefore, the request is deemed not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: The CA MTUS states that chronic opioids are not recommended for long-term use, defined as greater than 16 weeks. In this case, the date of injury is 1999 and it is unclear how many years opioids have been prescribed. There is no documentation of improved function. The patient is still out of work. Only minimal pain relief has been documented. Numerous past requests for opioids have resulted in modified approvals for the purpose of weaning, which has not occurred. Therefore, this request is deemed not medically necessary at this time.