

Case Number:	CM15-0125770		
Date Assigned:	07/10/2015	Date of Injury:	06/15/2012
Decision Date:	09/09/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on June 15, 2012. She reported a left shoulder injury. The injured worker was diagnosed as having left shoulder rotator cuff tear -status post two surgeries and now with adhesive capsulitis, marked myofascial pain syndrome in the left shoulder girdle, and compensatory right wrist pain from overuse in compensation. Diagnostic studies to date have included: On June 31, 2013, an MRI of the left shoulder revealed a recurrent partial-thickness tear of the rotator cuff. Surgeries include: left shoulder arthroscopy with extensive debridement of labrum and rotator cuff, subacromial decompression, distal clavicle excision, and rotator cuff repair repair in 2012 and Left shoulder arthroscopy with debridement and decompression of the suprascapular nerve August 2014. Treatment to date has included postoperative physical therapy, a home exercise program, a sling, work modifications, a steroid injection, and medications including short-acting opioid analgesic, non-opioid analgesic, topical analgesic, steroids, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: November 21, 2005. Comorbid diagnoses included history of asthma and hypertension. On May 14, 2015, the injured worker complains of chronic left shoulder pain. The pain is rated: at best = 5/10 and worst = 8-9/10. The pain is described as aching, shooting, piercing, sharp, and pins and needles. Her current medications include Vicodin, Lidoderm 5% patches, and Diclofenac Sodium. The physical exam revealed limited left shoulder active range of motion with ability to get it to horizontal and passively there was a soft endpoint another 10 degrees beyond her independent movement. She was able to internally and externally rotate her arm. There was tenderness along the entire shoulder girdle. The reflexes were normal. There was tenderness and pain of

the right wrist without evidence of carpal tunnel syndrome. The treatment plan includes Percocet 5/325mg 1 four times a day and Diclofenac Sodium 75 mg twice a day. Requested treatments include: Percocet (Oxycodone/Acetaminophen) 5/325mg, Diclofenac Sodium 75 mg, Vicodin 5/300 mg, and Lidoderm 5% Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet (Oxycodone/acetaminophen) 5/325 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the California Medical Treatment Utilization Schedule (CMTUS) guidelines, recommends the steps prior to a therapeutic trial of opioids include a failed trial of non-opioid analgesics, goal setting prior to initiating therapy, baseline pain and functional assessments by the treating physician, and a pain related assessment that should include history of pain treatment and effect of pain and function. There was lack of documentation of a failed trial of non-opioid analgesics, baseline pain and functional assessments, and goal setting prior to initiating Percocet. The injured worker was already taking another opioid medication, Vicodin. The treating physician did not documentation rationale for initiating a second opioid. Therefore, the request for Percocet is not medically necessary.

Diclofenac Sodium 75 mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68; 70-71.

Decision rationale: The requested medication is Diclofenac Sodium. Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of osteoarthritis, acute exacerbations of chronic low back pain, and chronic low back pain. There is insufficient evidence of functional improvement after the treatment to date. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the Diclofenac Sodium is not medically necessary.

Vicodin 5/300 mg Qty (1-month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long-term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "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." There was lack of physician documentation of the average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. In addition, the California Medical Treatment Utilization Schedule (MTUS) guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of evidence of an updated and signed contract between the injured worker and physician and attempt at weaning/tapering. There was a lack of documentation of a recent urine drug screen to support compliance of treatment with Vicodin, which would be necessary for continued usage. Therefore, the Vicodin is not medically necessary.

Lidoderm 5% Patches Qty (1-month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) Chronic Pain Medical Treatment Guidelines, recommends Lidoderm for localized peripheral pain when trials of first-line therapy (antidepressants and anticonvulsants such as gabapentin or Lyrica) have failed. There a lack of evidence of the injured worker having failed trials of tricyclic or serotonin-norepinephrine reuptake inhibitor antidepressants or an anticonvulsant. In addition, there was a lack of documentation of objective functional improvement or pain relief with use of this medication. Therefore, the request for Lidoderm gel patch 5% is not medically necessary.