

Case Number:	CM15-0099321		
Date Assigned:	06/01/2015	Date of Injury:	03/08/2012
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/22/2015

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: Texas, New York, California
 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 applicant is a represented 44-year-old who has filed a claim for chronic neck and bilateral shoulder pain reportedly associated with an industrial injury of March 8, 2012. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for Relafen, Norco, and Voltaren gel. The claims administrator referenced a RFA form received on April 18, 2015 in its determination, along with an undated progress note and/or prescription form dated April 18, 2015. The applicant's attorney subsequently appealed. On February 5, 2015, the applicant reported ongoing complaints of neck and bilateral shoulder pain with associated trapezius spasms. The applicant's medications were helpful, it was suggested. The note was very difficult to follow. The applicant was deriving 40% pain relief from medications, it was reported, which included Norco, Voltaren gel, and Relafen, it was stated. Authorization was sought for arthroscopic shoulder surgery. The applicant was apparently returned to regular duty work, it was suggested. Earlier progress notes of December 8, 2014 and November 20, 2014 also suggested that the applicant was working regular duty and was deriving appropriate analgesia with prescription with Norco, Relafen, and Voltaren gel. These notes were handwritten and somewhat difficult to follow. The applicant's overall pain scores were reduced by 40% as a result of ongoing medication consumption, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg BID QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Yes, the request for Relafen, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Relafen do represent the traditional first-line treatment for various chronic pain conditions. Here, the attending provider suggested that ongoing usage of Relafen had proven effective in attenuating the applicant's neck and shoulder pain complaints by up to 40% and had facilitated the applicant's return to and/or maintenance of full-time, regular duty work status, it was further reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Norco 10/325mg Q 3-6hr QTY: 60 (two per day): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and maintained full-time work status as a result of ongoing Norco consumption, as reported on multiple handwritten progress notes of early 2015, referenced above. The applicant was deriving a 40% reduction in pain scores with ongoing Norco consumption, it was further reported. Continuing the same on balance, thus, was indicated, given the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.

Voltaren Gel 100mg, apply every 12 hr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Finally, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder." Here, the applicant's primary pain generators were, in fact, the cervical spine and shoulder, i.e., body parts for which topical Voltaren has not been

evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's ongoing usage of first-line oral pharmaceuticals such as Norco and Relafen, furthermore, effectively obviated the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.