

Case Number:	CM14-0000035		
Date Assigned:	04/04/2014	Date of Injury:	09/10/2013
Decision Date:	05/27/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 48-year-old individual who was injured in a work related accident on 09/10/13, sustaining a low back and a left wrist injury. The most recent clinical assessment for review is a progress report of 11/15/13 indicating ongoing wrist and low back complaints. It is described as a gradual onset. Examination showed tenderness to palpation about the wrist with low back pain to palpation, positive straight leg raising with positive Finkelstein testing and diminished sensation in an L5 and S1 dermatomal distribution. Treatment was recommended at that time to continue with use of Voltaren as well as Norco. Documentation of prior imaging included a lumbar MRI of 11/22/13 that showed a disc protrusion at L4-5 resulting in mild abutment of the exiting L5 nerve root with multilevel facet arthropathy with no documentation of wrist imaging noted. The claimant's working assessment was that of De Quervain's tenosynovitis and degenerative lumbar disc disorder. There was no indication of other forms of treatment other than the medication being offered.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 2.5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: CA MTUS ACOEM Guidelines would not support continued role of Norco. The claimant is with soft tissue inflammatory process in the form of De Quervain's tenosynovitis and degenerative changes to the lumbar spine. The acute need of narcotic analgesics in this individual would not be supported given clinical presentation and current examination findings. The request is not medically necessary.

VOLTAREN XR 100MG #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: CA MTUS ACOEM Guidelines would support continued use of Voltaren, an oral anti-inflammatory agent. This individual was with soft tissue inflammation consistent with an inflammatory process. The role of this agent at this stage in the claimant's clinical course of care would be indicated.