

<b>Case Number:</b>	CM14-0193999		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/26/2001
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57-year-old female who sustained an industrial injury on January 26, 2001 resulting in upper back and right shoulder pain, and radiating low back pain. She was diagnosed with persistent cervical pain, right shoulder impingement syndrome, lumbar discopathy, and chronic pain syndrome. Documented treatment has included two level lumbar fusion, dorsal column stimulation and medication therapy which helps with pain. The injured worker continues to present with chronic pain and impaired range of motion and mobility. The treating physician's plan of care includes Diclofenac 100 mg, Tramadol-Acetaminophen 37.5- 325 mg, and purchase of a shower chair and cane. Current work status is not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 100mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Chapter, under Diclofenac.

**Decision rationale:** Based on the 11/15/14 progress report provided by treating physician, the patient presents with pain to low back that radiates to the bilateral legs with burning and numbness, rated 10/10 and bilateral shoulder pain. The patient is status post two level lumbar fusion 02/25/09. The request is for DICLOFENAC 100MG #30 WITH 1 REFILL. Patient's diagnosis on 11/15/14 included lumbar discopathy, chronic pain syndrome with history of trial dorsal column stimulator - unsuccessful, right shoulder impingement syndrome, and persistent cervical pain. Physical examination to the lumbar spine on 11/15/14 revealed well-healed midline lumbar incision, severe spasm on the left side of the lumbar spine extending to the thoracic region, and tenderness to palpation. Range of motion was painful and decreased, especially on extension 15 degrees. Treatment to date has included surgery, imaging studies, dorsal column stimulation and medications. Patient's medications include Norco, Diclofenac, Tizanidine, and Tramadol. The patient is permanent and stationary, per 11/15/14 report. ODG-TWC, Pain (Chronic) Chapter, under Diclofenac states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Diclofenac is included in patient's prescriptions, per latest provided progress report dated 11/15/14. It appears this medication is being initiated. Per progress report dated 11/15/14, treater states "Today, I will prescribe the patient medication to decrease her symptoms. Diclofenac... will be utilized for its anti-inflammatory effect." Guidelines support the use of NSAIDs, given the patient's diagnosis and continued symptoms. However, ODG supports Diclofenac when other NSAIDs have failed and the patient is at a very low risk profile. Treater has not documented that other NSAIDs have been trialed and failed, nor has treater addressed patient's risk profile. The request does not meet guidelines indication. Therefore, the request IS NOT medically necessary.

**Tramadol/Acetaminophen 37.5/325mg #100 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 11/15/14 progress report provided by treating physician, the patient presents with pain to low back that radiates to the bilateral legs with burning and numbness, rated 10/10 and bilateral shoulder pain. The patient is status post two level lumbar fusion 02/25/09. The request is for TRAMADOL/ACETAMINOPHEN 37.5/325MG #100 WITH 1 REFILL. Patient's diagnosis on 11/15/14 included lumbar discopathy, chronic pain syndrome with history of trial dorsal column stimulator - unsuccessful, right shoulder impingement syndrome, and persistent cervical pain. Physical examination to the lumbar spine on 11/15/14 revealed well-healed midline lumbar incision, severe spasm on the left side of the

lumbar spine extending to the thoracic region, and tenderness to palpation. Range of motion was painful and decreased, especially on extension 15 degrees. Treatment to date has included surgery, imaging studies, dorsal column stimulation and medications. Patient's medications include Norco, Diclofenac, Tizanidine, and Tramadol. The patient is permanent and stationary, per 11/15/14 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states: "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Tramadol is included in patient's prescriptions, per latest provided progress report dated 11/15/14. Prior progress reports dated 09/10/14 and 09/25/14 indicate the patient is prescribed Norco. It appears this medication is being initiated. Since this medication is being initiated, the treater does not appear to have had the opportunity to document its efficacy. MTUS supports weaning of opiates, and using the least amount. Therefore, the request IS medically necessary.

**Shower chair purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment (DME).

**Decision rationale:** Based on the 11/15/14 progress report provided by treating physician, the patient presents with pain to low back that radiates to the bilateral legs with burning and numbness, rated 10/10 and bilateral shoulder pain. The patient is status post two level lumbar fusion 02/25/09. The request is for SHOWER CHAIR PURCHASE. Patient's diagnosis on 11/15/14 included lumbar discopathy, chronic pain syndrome with history of trial dorsal column stimulator - unsuccessful, right shoulder impingement syndrome, and persistent cervical pain. Physical examination to the lumbar spine on 11/15/14 revealed well-healed midline lumbar incision, severe spasm on the left side of the lumbar spine extending to the thoracic region, and tenderness to palpation. Range of motion was painful and decreased, especially on extension 15 degrees. Treatment to date has included surgery, imaging studies, dorsal column stimulation and medications. Patient's medications include Norco, Diclofenac, Tizanidine, and Tramadol. The patient is permanent and stationary, per 11/15/14 report. ODG Knee and Leg chapter, under Durable Medical Equipment (DME) States: "Generally recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). DME is an equipment that can withstand repeated use; primarily and customarily used to serve a medical purpose; generally not useful to a person in the absence of illness or injury; is appropriate for use in the patient's home." Per progress report dated 11/15/14, treater states under physical examination findings that the patient "shows deficits" on "coordination and balance." ODG supports the issuance of DME for use in the home provided that it is used to

serve a medical purpose and is not useful in the absence of illness or injury, a shower chair fits such criteria. There is no evidence in the documentation provided that this patient has received a shower chair or any other DME to date. Given this patient's documented deficit in coordination and balance, the request for a shower chair appears to be a prudent measure and is medically appropriate to avoid injury. Therefore, the request IS medically necessary.

**Cane purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Durable Medical Equipment (DME), walking aids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, under Durable Medical Equipment (DME).

**Decision rationale:** Based on the 11/15/14 progress report provided by treating physician, the patient presents with pain to low back that radiates to the bilateral legs with burning and numbness, rated 10/10 and bilateral shoulder pain. The patient is status post two level lumbar fusion 02/25/09. The request is for CANE PURCHASE. Patient's diagnosis on 11/15/14 included lumbar discopathy, chronic pain syndrome with history of trial dorsal column stimulator - unsuccessful, right shoulder impingement syndrome, and persistent cervical pain. Physical examination to the lumbar spine on 11/15/14 revealed well-healed midline lumbar incision, severe spasm on the left side of the lumbar spine extending to the thoracic region, and tenderness to palpation. Range of motion was painful and decreased, especially on extension 15 degrees. Treatment to date has included surgery, imaging studies, dorsal column stimulation and medications. Patient's medications include Norco, Diclofenac, Tizanidine, and Tramadol. The patient is permanent and stationary, per 11/15/14 report. ODG guidelines, knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non use is associated with less need, negative outcome, and negative evaluation of the walking aid." Per progress report dated 11/15/14, treater states under physical examination findings that the patient "shows deficits" on "coordination and balance," "[the patient] must ambulate with a cane." Records do not show cane was dispensed previously. Based on patient's condition and continued pain, the request for a cane to ambulate appears reasonable. Therefore, the request IS medically necessary.