

Case Number:	CM15-0147406		
Date Assigned:	08/10/2015	Date of Injury:	07/05/2005
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: California

Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on July 05, 2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical and trapezial musculoligamentous sprain and strain with bilateral upper extremity radiculitis with disc protrusion and stenosis at cervical two through seven; thoracolumbar spine musculoligamentous sprain and strain with bilateral lower extremity radiculitis with disc protrusion at lumbar three to four, disc protrusion at lumbar five to sacral one, stenosis at lumbar four to five and facet osteoarthritis at lumbar three to sacral one; left shoulder periscapular strain with tendinitis and impingement status post arthroscopy with residual adhesive capsulitis, glenohumeral ligament tear, bursitis, and glenohumeral joint degeneration per magnetic resonance arthrogram; right shoulder periscapular strain with bursitis, tendinitis, and impingement syndrome; bilateral wrist and forearm tendinitis; left wrist de Quervain's tenosynovitis with dynamic carpal tunnel syndrome and enlargement of the median nerve per ultrasound study, left knee patellofemoral arthralgia status post arthroscopy; psychiatric complaints of anxiety and depression; gastrointestinal upset; bilateral hip osteoarthritis; and rule out fibromyalgia. Treatment and diagnostic studies to date has included laboratory studies, above noted procedures and tests, right piriformis injection, use of a cane, Botox injection, and medication regimen. In a progress note dated July 07, 2015 the treating physician reported complaints of right sacroiliac joint pain and an ache behind the right knee. Examination reveals decreased muscle strength to the right hip, positive left patellar compression testing, decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, positive Kemp's testing bilaterally, positive Farfan testing bilaterally, positive Faber's and Patrick testing on the right, positive sacroiliac tenderness on the

right, tenderness to the lumbar paraspinal muscles, mild to moderate facet tenderness to bilateral lumbar five to sacral one, and a limp on the right lower extremity. The injured worker's medication regimen included Norco, Diclofenac ER (Voltaren XR), Tramadol, and Meloxicam. The injured worker's pain level was rated a 7 out of 10 noting an improvement in the injured worker's pain secondary to the use of her medication regimen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested Norco 5-325mg with a quantity of 60 and Diclofenac ER (Voltaren XR) 100mg with a quantity of 30 noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP 5/325mg QTY: 60.00): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going, Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco (Hydrocodone/APAP) 5/325mg QTY: 60.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Opioids for Chronic Pain, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right sacroiliac joint pain and an ache behind the right knee. Examination reveals decreased muscle strength to the right hip, positive left patellar compression testing, decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, positive Kemp's testing bilaterally, positive Farfan testing bilaterally, positive Faber's and Patrick testing on the right, positive sacroiliac tenderness on the right, tenderness to the lumbar paraspinal muscles, mild to moderate facet tenderness to bilateral lumbar five to sacral one, and a limp on the right lower extremity. The injured worker's medication regimen included Norco, Diclofenac ER (Voltaren XR), Tramadol, and Meloxicam. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco (Hydrocodone/APAP) 5/325mg QTY: 60.00 is not medically necessary.

Voltaren XR (Diclofenac ER) 100mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

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

Decision rationale: The requested Voltaren XR (Diclofenac ER) 100mg QTY: 30.00, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has right sacroiliac joint pain and an ache behind the right knee. Examination reveals decreased muscle strength to the right hip, positive left patellar compression testing, decreased range of motion to the lumbar spine, positive straight leg raises bilaterally, positive Kemp's testing bilaterally, positive Farfan testing bilaterally, positive Faber's and Patrick testing on the right, positive sacroiliac tenderness on the right, tenderness to the lumbar paraspinal muscles, mild to moderate facet tenderness to bilateral lumbar five to sacral one, and a limp on the right lower extremity. The injured worker's medication regimen included Norco, Diclofenac ER (Voltaren XR), Tramadol, and Meloxicam. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Voltaren XR (Diclofenac ER) 100mg QTY: 30.00 is not medically necessary.