Case Number:	CM15-0165571		
Date Assigned:	09/03/2015	Date of Injury:	04/09/2015
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This injured worker is a 45-year-old female, who reported an industrial injury on 4-9-2015. Her diagnoses, and or impression, were noted to include: cervical spine strain; left > right shoulder strain; left forearm strain; left wrist strain; left hand strain; lumbar spine strain with radiculitis and osteoarthritis; "TBI" with post-concussive symptoms; thoracic spine strain; and coccydynia. No current imaging studies were noted. Her treatments were noted to include: computed tomography studies of the facial bones (4-16-15); a qualified functional capacity evaluation on 6-26-15); physical therapy; trigger point injection therapy - cervical spine (7-2015); "ESWT" therapy - left shoulder (8-2015); medication management; and rest from work. The progress notes of 7-15-2015 reported mild, intermittent cervical spine pain which occasionally radiated to the left trapezius, and increased with movements; intermittent, moderate-severe thoracic pain with activity; mild bilateral shoulder pain that occasionally increased to severe; radicular right lower extremity pain, numbness and tingling, with left knee popping; tailbone pain with sitting and rising from a seated position; and moderate left wrist pain, ulnar side, which increased with gripping-grasping; and osteoarthritis in the left wrist "RC" joint. Objective findings were noted to include: slower than expected functional change; no distress; stiff and protective movements with an antalgic gait; improved pain with use of medications; tenderness and or spasms in the bilateral cervical, thoracic and lumbo-sacral spine, with decreased range-of-motion; positive cervical compression test and bilateral lumbar straight leg raise; tenderness in the bilateral shoulder deltoids, with positive bilateral Hawkins and Neer's tests, and decreased range-of-

motion; and weakness in the cervical 5 dermatome. The physician's requests for treatments were noted to include chiropractic treatments, and the continuation of Voltaren and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren ER (extended release) 100 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs); Diclofenac sodium. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAID.

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren ER 100 mg #30 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are cervical spine sprain; left greater than right shoulder strain; left FA strain; and left wrist strain and left hand strain; lumbosacral strain with right radiculitis; TBI with post-concussive symptoms; thoracic strain and coccydynia. Date of injury is April 9, 2015. According to a new patient evaluation dated May 19, 2015, subjectively the injured worker complains of headaches, left shoulder, left hand and wrist and low back pain. The treating provider requested 12 chiropractic sessions. The utilization review modified 12 chiropractic sessions to 6 sessions. According to a June 4, 2015 progress note, Ultracet resulted in headache and Tylenol #3 was prescribed. The most recent progress note dated July 15, 2015 contains the same subjective complaints. There is no documentation demonstrating objective functional improvement with Voltaren ER. Voltaren (Diclofenac) is not recommended as a first-line drug due to its increased risk profile. There is no documentation of first-line non-steroidal anti-inflammatory drug treatment failure. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of first-line non-steroidal anti-inflammatory drug treatment failure, guideline non-recommendations for Voltaren due to its increased risk profile and no clinical indication or rationale for Voltaren, Voltaren ER 100 mg #30 is not medically necessary.

Ultracet Qty 40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultracet #40 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine sprain; left greater than right shoulder strain; left FA strain; and left wrist strain and left hand strain; lumbosacral strain with right radiculitis; TBI with postconcussive symptoms; thoracic strain and coccydynia. Date of injury is April 9, 2015. According to a new patient evaluation dated May 19, 2015, subjectively the injured worker complains of headaches, left shoulder, left hand and wrist and low back pain. The treating provider requested 12 chiropractic sessions. The utilization review modified 12 chiropractic sessions to 6 sessions. According to a June 4, 2015 progress note, Ultracet resulted in and Tylenol #3 was prescribed. The most recent progress note dated July 15, 2015 contains the same subjective complaints. There is no documentation demonstrating objective functional improvement with Ultracet. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating Ultracet caused headache, no documentation demonstrating objective functional improvement and no detail pain assessments or risk assessments, Ultracet #40 is not medically necessary.

Chiropractic treatment, Cervical, Thoracic, Lumbar spine, Bilateral Shoulders, 3 times wkly for 4 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic treatment cervical, thoracic, lumbar spine, bilateral shoulders three times per week times four weeks (12 sessions) are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation,

therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are cervical spine sprain; left greater than right shoulder strain; left FA strain; and left wrist strain and left hand strain; lumbosacral strain with right radiculitis; TBI with post-concussive symptoms; thoracic strain and coccydynia. Date of injury is April 9, 2015. According to a new patient evaluation dated May 19, 2015, subjectively the injured worker complains of headaches, left shoulder, left hand and wrist and low back pain. The treating provider requested 12 chiropractic sessions. The utilization review modified 12 chiropractic sessions to 6 sessions. According to a June 4, 2015 progress note, Ultracet resulted in and Tylenol #3 was prescribed. The most recent progress note dated July 15, 2015 contains the same subjective complaints. There is no documentation demonstrating objective functional improvement with the first set of chiropractic sessions. As noted above, 12 sessions of chiropractic treatment requested were modified to six sessions. The treating provider does not indicate whether there was objective functional improvement. There are no compelling clinical facts indicating additional chiropractic treatment is indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective optional improvement as a result of the six visit clinical trial, chiropractic treatment cervical, thoracic, lumbar spine, bilateral shoulders three times per week times four weeks (12 sessions) are not medically necessary.