

<b>Case Number:</b>	CM15-0190508		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	12/11/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 65 year old male, who sustained an industrial injury on 12-11-2014. Medical records indicate the worker is undergoing treatment for bilateral shoulder pain, bilateral rotator cuff arthropathy, bilateral knee osteoarthritis abdominal bilateral wrist arthropathy. A recent progress report dated 7-24-2015, reported the injured worker complained of bilateral shoulder and right knee pain rated 8 out of 10 and difficulty sleeping due to increased pain (medications were not approved). Physical examination revealed bilateral knee medial and lateral compartment tenderness, patello-femoral tenderness, bilateral shoulder "decreased and painful range of motion" and subacromial tenderness to palpation. Treatment to date has included Dalmane, Norco and Voltaren Gel. The physician is requesting Voltaren Gel 1%-3grams, Norco 10-325mg #180 and electromyography (EMG) nerve conduction study (NCS) of the bilateral upper extremities. On 8-31-2015, the Utilization Review noncertified the request for Voltaren Gel 1%-3grams and electromyography (EMG) nerve conduction study (NCS) of the bilateral upper extremities and the Utilization Review modified the request for Norco 10-325mg #180 to #162 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1%, 3g: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel is, Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case there is insufficient evidence of osteoarthritis in the records from 7/24/15 to warrant Voltaren Gel. Therefore determination is for non-certification. Therefore, the requested treatment is not medically necessary.

**EMG/NCS of Upper Extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel section.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 7/24/15 to warrant NCS or EMG. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 7/24/15. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.