

Case Number:	CM15-0050512		
Date Assigned:	03/24/2015	Date of Injury:	05/27/1999
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 male with an industrial injury dated May 27, 1999. The injured worker diagnoses include bilateral chronic shoulder pain, neck pain and upper back pain and left upper extremity Electromyography (EMG)/Nerve conduction velocity (NCV) consistent with borderline left carpal tunnel syndrome. He has been treated with diagnostic studies, right shoulder surgical procedures, prescribed medications and periodic follow up visits. According to the progress note dated 02/12/2015, the injured worker reported ongoing bilateral shoulder and right hand pain. The treating physician noted that objective findings revealed no significant change. The treating physician prescribed Electromyogram/ nerve conduction velocity of right upper extremity to rule out radiculopathy causing the swelling and pain in the hand, Norco 10/325mg and Voltaren Gel. The progress report dated January 15, 2015 indicates that the patient has been taking for Norco per day instead of 3. Medications allow him to carry out activities of daily living. A random urine drug screen performed on November 21, 2014 was consistent. A progress report dated February 2015 indicates that the patient's right hand continues to be the most bothersome. Voltaren gel has been extremely helpful. He has stopped Relafen which has caused too much of G.I. upset. Objective findings state "no significant change."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 240: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician is indicated that the medication improves the patient's function substantially. Additionally, urine drug screens have been consistent, and there are no reported intolerable side effects. It is acknowledged that pain scores have not been documented therefore analgesic efficacy has not specifically been discussed. A short course of this medication should allow the requesting physician time to document that information. As such, the currently requested Norco is medically necessary.

Electromyogram/ nerve conduction velocity (EMG/ NCV) of Right Upper Extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-182. Decision based on Non-MTUS Citation ODG Neck Chapter, Electrodiagnostic Studies, Electromyography, Nerve Conduction Studies.

Decision rationale: Regarding the request for EMG/NCS of right upper extremity, Occupational Medicine Practice Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no recent physical examination findings identifying subtle focal neurologic deficits, for which the use of electrodiagnostic testing would be indicated. In the absence of such documentation, the currently requested EMG/NCS of right upper extremity is not medically necessary.

Voltaren Gel (diclofenac sodium topical gel) 1%, 100 ml with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there is no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, although documentation has identified that the patient has had G.I. upset from one and NSAID, it is unclear that other NSAIDs would also cause G.I. upset, or the prophylactic agents would be unable to control the G.I. upset symptoms. Furthermore, a prescription of Voltaren with 2 refills is not consistent with short-term use as recommended by guidelines. As such, the currently requested Voltaren gel is not medically necessary.