

Case Number:	CM13-0064360		
Date Assigned:	01/03/2014	Date of Injury:	04/25/2007
Decision Date:	04/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 29 year old who states he was injured in a work accident 4/25/07, when he fell from a 15 foot height, resulting in low back, neck, wrists (bilateral), left elbow, pelvic and left knee complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol Cream 10%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines NSAIDs, Opioids for chronic pain Page(s): 22, 67-68, 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter, Washington State Dept of Labor: Guideline for Prescribing Opioids to Treat Pain in Injured Workers

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS chronic pain medical treatment guidelines discuss the use of topical analgesics. No topical narcotic is discussed. Topical lidocaine, NSAIDs and capsaicin. There are none listed and none that are approved for use in worker's compensation care. The directions are written to apply this medication to "painful region." I recommend denial of this

request. There is no information supporting the medical necessity of the medication, in addition to the multiple medications he is prescribed, orally and topically. There is also no information on where it is to be applied or length of treatment.

Flurbiprofen Cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: NSAIDs may be useful in chronic musculoskeletal pain management. Voltaren (diclofenac) gel is indicated for relief of osteoarthritis pain in joints that are amenable - ankle, elbow, foot, hand, knee and wrist. The directions written are to apply this medication to "sensitive area." He had Voltaren gel prescribed. I recommend denial - there is no MTUS guideline approval for the requested medication, nor any indication of where it would be applied, length of treatment long and why it is needed in addition to the topical medication he was already on.