

<b>Case Number:</b>	CM14-0101390		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/19/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 records presented for review indicate that this 33 year-old male was reportedly injured on 12/19/2013. The mechanism of injury is noted as occurring when a tree branch fell and struck the individual in the head. The most recent progress note, dated 6/5/2014, indicates that there were ongoing complaints of neck and low back pain. The physical examination demonstrated cervical spine: muscle strength 5/5, sensation attack, reflexes 2+ bilaterally. Positive tenderness to palpation in the posterior lateral cervical spinal muscles. Range of motion with pain. Trigger point tenderness at C2-three and C-3-four. Lumbar spine: sensation attack, muscle strength 5/5, reflexes patella 2+, Achilles 1+ bilaterally. Positive tenderness to palpation sacroiliac joints, and positive trigger point tenderness at the L5-S1. Range of motion is within functional limits on all planes. No recent diagnostic studies were available for review. Previous treatment includes physical therapy, chiropractic care, medications, and conservative treatment. A request had been made for Ultram 50 mg #100, and Voltaren 100 mg #30, and was not certified in the pre-authorization process on 6/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 500mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

**Voltaren XL 100mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71, 112.

**Decision rationale:** Zorvolex (Diclofenac) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. This medication is not recommended for first-line use due to its increased cardiovascular event risk profile. The claimant suffers from chronic back pain after a work-related injury in 2004 and currently takes Naproxen. Given the claimant's medical history and the medication's increased cardiovascular risk profile, this request is not considered medically necessary.