

<b>Case Number:</b>	CM14-0013437		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/26/2011
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Internal Medicine, and is licensed to practice in California. 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:

This is a 49-year-old female patient with a 6/26/11 date of injury. She injured herself while trying to close the stacked window, and heard a pop to her left shoulder. The pain radiated to her back and to the left leg. A progress report dated on 1/13/14 indicated that the patient's pain was located in her left shoulder, lower back, left thigh, left knee, and left arm. She stated that when she extends her arm, her pain got worse. The patient was noted that with medication her pain stayed 5/10 for two hours. Her average pain level was 8/10. She reported that over the past month her functionality decreased and she was not able to walk one block. Objective findings revealed improved range of motion over the left shoulder, positive SLR left at 30-45 degrees in an L4 distribution. She was diagnosed with acromioclavicular joint arthritis, partial tear of rotator cuff, degeneration of cervical intervertebral discs, lumbosacral spondylosis without myelopathy, and lumbar region spinal stenosis. Treatment to date: medication management. There is documentation of a previous 1/21/14 adverse determination, because there was no documentation of failure of first line medication, Tramadol was not certified. Volataren gel was not certified because there was no documentation supporting osteoarthritis or tendinitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

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

**Decision rationale:** The California MTUS guidelines indicate that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use according to MTUS must be followed. The injured worker presented with the pain in the neck, left shoulder, left thigh, and left arm. However, there was a documentation supporting of long-term use of Tramadol (Ultram) since at least 2011 chronically. It was noted that medication decreased the pain for only 2 hours. There is no documentation of functional improvement or continued analgesia from the current medication regimen. Therefore, the request for Tramadol 50mg #180 was not medically necessary.

**Voltaren Topical Gel 1% #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The California MTUS guidelines indicate 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); and has not been evaluated for treatment of the spine, hip or shoulder. The injured worker's chief complaint was pain in the left shoulder, left thigh, neck, and left arm. However, Voltaren gel was not recommended for use of shoulder, hip and spine. In addition, there was no evidence of significant pain relief or functional gains of using Voltaren gel. Therefore, the request for Voltaren topical gel 1% #2 was not medically necessary.