

Case Number:	CM14-0111444		
Date Assigned:	08/01/2014	Date of Injury:	11/06/2007
Decision Date:	10/06/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 Family 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 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:

This is a 62-year-old male with an 11/6/07 date of injury, when he fell into a six-foot deep hole and injured his knees and lower back. The patient underwent a total right knee replacement in 9/12/09. The patient was seen on 7/3/14 with complaints of bilateral knee and low back pain. Exam findings revealed spasm and guarding in the lumbar spine, the motor strength 5/5 in the bilateral lower extremities and intact sensation in the bilateral lower extremities. Straight leg raising test was negative. The examination of the knees revealed joint line tenderness in the both knees, mild swelling in the right knee with flexion of 95 degrees and equal 1+ reflexes in the right lower extremity. The note stated that the patient had a history of chronic renal failure and had history of gastritis. He was utilizing Voltaren gel over his bilateral knees and low back and his pain score was 7-8/10 without the medication and 4-5/10 with the medication and Voltaren gel use. The patient's activities of daily living improved with the use of Voltaren gel and the use of this gel prevented the escalation of the patient's oral medications use. The patient was seen on 7/7/14 for the follow up visit. He was using Tramadol 37.5/325 one tablet every 8 hour, Voltaren 1% gel, Cialis, Lipitor and other medications. The diagnosis is bilateral knee internal derangement and lumbar spine sprain/strain. Treatment to date: physical therapy, functional restoration program, work restrictions and medications. An adverse determination was received on 6/25/14. The request for Tramadol/APAP 37.5/325mg #90 was modified to 1 prescription of Tramadol/APAP 37.5/325mg #68 given that the patient was using this medication for at least a year and there was a lack of documentation with regards to any quantified sustained pain reductions or functional improvements which would support long-term use of this medication. The weaning of Tramadol/APAP was recommended. The request for Voltaren 1% gel #5 was denied due to a lack of documentation indicating that the patient had any contraindications to use of oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates; Tramadol Page(s): 78-81; 113.

Decision rationale: Ultracet contains Tramadol and APAP. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action on opiate receptors, thus criterion for opiate use per MTUS must be followed. CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued functional benefit or aberrant behavior. In addition, the recent urine drug screen test was not available for the review. Therefore, the request for Tramadol/APAP 37.5/325mg #90 is not medically necessary.

Voltaren 1% Gel #5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG - Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: CA MTUS 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); and has not been evaluated for treatment of the spine, hip or shoulder. The progress note dated 7/3/14 indicated that the patient was utilizing Voltaren gel over his bilateral knees and lower back. With the use of Voltaren gel the patient's pain level decreased and his activities of daily living improved and it prevented the escalation of the patient's oral medications use. Therefore, the request for Voltaren 1% gel #5 is medically necessary.