

Case Number:	CM14-0112170		
Date Assigned:	08/01/2014	Date of Injury:	03/29/2011
Decision Date:	09/10/2014	UR Denial Date:	06/17/2014
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 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 47 year old male was reportedly injured on 3/29/2011. The mechanism of injury is undisclosed. The most recent progress note, dated 5/19/2014, indicates that there are ongoing complaints of neck and low back pain. The physical examination demonstrated antalgic gait, and normal muscle tone without atrophy bilateral upper/lower extremities. No recent diagnostic studies are available for review. Previous treatment includes previous cervical fusion, medications, and conservative treatment. A request was made for Diclofenac 1.5 percent cream 60 gram, Tramadol extended release (ER) 150 milligrams quantity thirty and was not certified in the preauthorization process on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCl ER 150mg #30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines support the use of Tramadol (Ultram) for short term use after there is evidence of failure of a first

line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. In reviewing available medical records, failure to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Diclofenac sodium 1.5% cream 60g #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines support the topical Diclofenac for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Outside of the treatment of osteoarthritis, there is no other clinical indication for the use of this topical non-steroidal anti inflammatory. The claimant suffers from neck and back pain. There is no indication for this medication and the request is not considered medically necessary.