

<b>Case Number:</b>	CM14-0117737		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old female who reported injury on 01/13/2012. The mechanism of injury was the injured worker had a 30 pound centrifuge lid come down on her and injure her neck and right shoulder. The injured worker underwent physical therapy and acupuncture, and an EMG of the bilateral upper extremities. The injured worker's medication history included Ultram, Vicodin and Cymbalta as of early 2013. Prior therapies included modified duty, medication and a cortisone injection. The prior surgeries were stated to be none. The documentation indicated surgical intervention for the shoulder was recommended and was certified, however, the injured worker required a clearance and had not scheduled surgery. The documentation of 07/16/2014 revealed the injured worker had a right shoulder rotator cuff tear and biceps tenosynovitis that was causing significant dysfunction. The injured worker was noted to be tolerating Voltaren gel without side effects twice a day as needed. The documentation indicated this medication decreased pain so the injured worker was not in constant agony and was able to sleep. The injured worker was noted to be taking 50 mg of tramadol twice a day to 3 times a day as needed to perform her activities of daily living and sleep. The injured worker indicated she felt better while taking 30 mg per day. The pain was less and there was less anguish related to loss of function and disability. The documentation indicated the injured worker had completed authorized physical therapy and the pain was slightly decreased in intensity. The diagnoses included sleep disorder and diabetes. The current symptoms included right shoulder pain that was constant, aching and nagging. The current medications were noted to be tramadol 50 mg 2 times a day to 3 times a day as needed for pain, Voltaren gel 2 times a day as needed and Cymbalta 30 mg daily. The physical examination of the cervical spine revealed mild paravertebral muscle tenderness right greater than left. The injured worker had

tenderness of the right shoulder, bilateral elbows and decreased light touch and temperature sensation to the right 4th and 5th fingers extending slightly into the forearm. The diagnoses included severe bilateral carpal tunnel syndrome, right greater than left with numbness in the right 4th and 5th fingers, right cubital tunnel syndrome and sleep impairment due to pain, as well as status post motor vehicle accident on 05/30/2014. The treatment recommendations included a right shoulder subacromial decompression pending medical clearance, tramadol 50 mg twice a day as needed, Cymbalta 30 mg a day, wrist braces nightly and Voltaren gel 120 g.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ultram 50mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for greater than 6 months. There was a lack of documentation of objective functional benefit and objective decreased in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Ultram 50 mg quantity 120 is not medically necessary.

**Voltaren gel 120gm(tubes) Qty 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 111.

**Decision rationale:** The California MTUS states Voltaren Gel 1% (diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated the medication was useful for the injured worker. The duration of use could not be established. However, there was a lack of documentation indicating the injured worker had osteoarthritis pain. There was a lack of documentation indicating objective functional benefit and objective decrease in pain for the

requested medication. The request, as submitted, failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for a quantity of 15 Voltaren gel 120 g tubes. Given the above, the request for Voltaren Gel 120 g, quantity 15 is not medically necessary.