

Case Number:	CM14-0119710		
Date Assigned:	08/06/2014	Date of Injury:	03/06/2011
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 35-year-old male with a reported date of injury on 03/06/2011. The injury reportedly occurred when the injured worker was cleaning the floors with a scrubber machine, and when the machine stopped instantly, it caused an injury to his low back/hip area. His diagnoses were noted to include low back pain, lumbar/lumbosacral disc degeneration, lumbar disc herniation, lumbar radiculitis, and sprain/strain of the lumbosacral joint and ligaments. His previous treatments were noted to include physical therapy, medications, and home exercises. The progress note dated 07/15/2014 revealed the injured worker complained of back pain rated 2/10 at its best and 8/10 at its worst. The injured worker indicated during the progress note that his pain was rated 6/10. The injured worker indicated the tramadol brought the pain from 7/10 to 8/10 to 4/10. The injured worker indicated he had lost 30 pounds and his low back pain was much more stable after the weight loss. The provider indicated however, the injured worker continued to require pain medications as needed. The physical examination of the lumbar spine revealed restricted range of motion, tenderness noted over the posterior iliac spine on both sides and tenderness noted over the sacroiliac joint. Motor strength was rated 5/5 and deep tendon reflexes were equal and symmetrical. Sensory examination was intact and equal to the bilateral lower extremities. There was a positive straight leg raise noted on the left lower extremity. The Request for Authorization form dated 06/23/2014 was for tramadol 50 mg 1 daily with 2 refills and Voltaren 1% gel apply to affected area twice a day with 2 refills for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for tramadol 50 mg with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated the pain rated 4/10 with medications and 7/10 to 8/10 without medications. The injured worker indicated he had continued to work as a landscaper full time, which involved physical activity. The provider indicated the injured worker did not show signs of intoxication or withdrawal. The provider indicated he had been monitoring the injured worker's pain medication by CURES reports and periodic urine drug screening. However, there is a lack of documentation regarding consistent urine drug screens and when the last test was performed. Therefore, despite the evidence of significant pain relief, increased functional status, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Voltaren gel 1% with 2 refills: Upheld

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

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

Decision rationale: The request for Voltaren gel 1% with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of

treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. The guidelines' indication for topical NSAIDs is osteoarthritis and tendinitis, in particular, that of the knee and elbow, or other joints that are amenable to topical treatment for short-term use (4 to 12 weeks). There is little evidence to utilize NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. The guidelines recommend FDA approved Voltaren gel 1%, indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not evaluated for treatment of the spine, hip or shoulder. The guidelines do not recommend Voltaren gel for treatment of the spine, as there is a lack of evidence to support use. The injured worker does not have a diagnosis consistent with osteoarthritis to warrant topical NSAIDs. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.