

Case Number:	CM14-0138680		
Date Assigned:	09/05/2014	Date of Injury:	05/05/1999
Decision Date:	10/02/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Family Practice and is licensed to practice in Ohio. 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 61 year old female whose date of injury was 5/5/1999 which occurred while lifting. Her diagnosis includes an L5-S1 radiculopathy, C6 radiculopathy, and muscle spasm. She complains of pain to the neck, right shoulder, right hip and a sleep disturbance. She was prescribed Voltaren gel topically for shoulder pain but also takes Relafen, Orphenadrine, and tramadol for spasm and pain. She has been using Trazodone at bedtime to help with sleep which it apparently has. Her physical exam has revealed diminished right upper extremity reflexes and thumb strength, diminished sensation to the C6 distribution bilaterally, and diminished right shoulder range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg Qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Page(s): 14-16.

Decision rationale: Antidepressants are recommended as a potential option to treat chronic pain, particularly neuropathic pain when insomnia, depression, or anxieties are components. Tricyclics

are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Trazodone is chemically unrelated to the tricyclic class. The ODG and MTUS guidelines are silent on the use of Trazodone to maintain sleep. Therefore Trazodone 50 mg #30 is not medically necessary per the above referenced guidelines.

Voltaren gel 1% Qty: 300: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Section, Topical Anti-inflammatories

Decision rationale: The topical non-steroidal anti-inflammatory agents (NSAIDs) such as Voltaren gel are recommended for the following indications: Acute pain: Recommended for short-term use (one to two weeks), particularly for soft tissue injuries such as sprain/strains. According to a recent review, topical NSAIDs can provide good levels of pain relief for sprains, strains, and overuse injuries, with the advantage of limited risk of systemic adverse effects as compared to those produced by oral NSAIDs. They are considered particularly useful for individuals unable to tolerate oral administration. Osteoarthritis and tendinitis, in particular, that of the knee, elbow, and hand or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). Osteoarthritis of the hip and shoulder: There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the hip or shoulder. Osteoarthritis of the low back: There is no evidence to recommend a NSAID dosage form other than an oral formulation for low back pain. Widespread musculoskeletal pain: Not recommended. Neuropathic pain: Not recommended as there is no evidence to support use. In this instance, we know the injured worker is applying the Voltaren gel to the shoulder although there seems to be no diagnosis of osteoarthritis of the shoulder. It also appears that the medication has been used for longer than 12 weeks. Therefore, Voltaren gel 1% Qty: 300 is not medically necessary per the above guidelines.