

<b>Case Number:</b>	CM14-0150873		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/05/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 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:

The injured worker is a 61-year-old male who reported an injury on 06/04/2009. The mechanism of injury was not included. The diagnoses included cervical disc herniation, cervical fracture, left upper extremity numbness and radicular pain, lumbar disc herniation, right lower extremity sciatica, and left index finger traumatic rotational injury and puncture. Past treatments included physical therapy, shockwave treatment, and medications. The progress note dated 07/24/2014 noted the injured worker complained of persistent pain to his neck, back, bilateral shoulders, and bilateral hands, rated 8/10. The injured worker reported taking tramadol helped his pain improve from an 8/10 to a 5/10, and allowed him to do more activities of daily living for a period of 40 minutes as opposed to 20 minutes. The physical examination revealed decreased cervical and lumbar spine range of motion; tenderness over the paraspinal muscles; hypertonicity; decreased sensation; deep tendon reflexes were noted to be 2+; positive Kemp's test bilaterally; positive straight leg raise on the right at 50 degrees; bilateral shoulder range of motion was decreased, with a painful arc over 135 degrees; tenderness over the acromioclavicular joints bilaterally; and decreased strength at 4+/5 with flexion and abduction. The medications included tramadol, naproxen, and omeprazole. The treatment plan included a prescription for Diclofenac/Lidocaine cream as the injured worker suffered from GI issues secondary to NSAID use, a prescription for Tramadol 50 mg #90 at 1 to 2 tabs by mouth every 6 to 8 hours as needed for pain, and noted there were no signs of abuse or overuse, and requested a urine toxicology screen on the next visit. The request for authorization form was submitted for review on 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm Page(s): 111-112; 56-57.

**Decision rationale:** The request for Diclofenac/Lidocaine cream is not medically necessary. The injured worker had persistent pain to his neck, back, bilateral shoulders, and bilateral hands, rated 8/10. The physician noted the request for Diclofenac/Lidocaine cream was due to GI issues secondary to NSAID use. There was no further assessment of gastrointestinal complaints. The injured worker had been previously taking tramadol, naproxen, and Prilosec 20 mg. The California MTUS Guidelines recommend topical NSAIDs for short term (4 to 12 weeks) treatment of osteoarthritis of the knee or elbow, and specifically not for use of the spine, hip, or shoulder. Topical Lidocaine in patch form (Lidoderm) is recommended for the treatment of neuropathic pain; however, Lidocaine in the form of creams, lotions, or gels is not recommended. Furthermore, the guidelines state that any compound with 1 or more ingredients that are not recommended is not recommended for use. The location and frequency intended for use was not provided to determine the medical necessity. The guidelines do not recommend the use of Lidocaine in cream form for topical application. The dosing for Diclofenac gel should not exceed 32gm per day. The intended dose was not included to determine the medical necessity. Given the previous, the use of Diclofenac/Lidocaine cream is not supported at this time. Therefore, the request is not medically necessary.

**Ultram (Tramadol) 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for Use Page(s): 78.

**Decision rationale:** The request for Ultram (Tramadol) 50 mg #90 is not medically necessary. The injured worker reported pain to his neck, back, bilateral shoulders, and bilateral hands, rated 8/10. The physical examination revealed signs of radicular pain. The California MTUS Guidelines recommend opioids, including tramadol, as second line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed. There was a lack of documentation of improvement of pain or function with the use of Tramadol. The urine drug screen collected on 06/24/2014 was consistent with the medication regimen. The frequency intended for use was not provided to determine the medical necessity. Given the lack of evidence of the efficacy of the

Tramadol, and the exclusion of the frequency of the medication, the continued use of Tramadol is not supported at this time. Therefore, the request is not medically necessary.