

Case Number:	CM14-0156923		
Date Assigned:	09/29/2014	Date of Injury:	08/24/2012
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 35 year old male with date of injury 8/24/2012. The mechanism of injury is stated as repetitive use. The patient has complained of pain in the bilateral arms, elbows, wrists, hips, knees and feet. He has been treated with steroid injection, physical therapy and medications. There are no radiographic data included for review. Objective: tenderness to palpation at the right lateral epicondyle, positive Tinel's sign right wrist, decreased biceps, triceps and brachioradialis reflexes on the right side. Diagnoses: right lateral epicondylitis, elbow pain. Treatment plan and request: Ultram, Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) month supply of Ultram 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80 and 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 76-85, 88-89.

Decision rationale: This 35 year old male has complained of pain in the bilateral arms, elbows, wrists, hips, knees and feet since date of injury 8/24/2012. He has been treated with steroid injection, physical therapy and medications. The current request is for Ultram. No treating

physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than Opioids. There is no evidence that the treating physician is prescribing Opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, Opioids contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram 50mg is not medically necessary. This 35 year old male has complained of pain in the bilateral arms, elbows, wrists, hips, knees and feet since date of injury 8/24/2012. He has been treated with steroid injection, physical therapy and medications. The current request is for Ultram. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultram is not indicated as medically necessary.

One (1) month supply of Voltaren gel 1%: Upheld

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

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

Decision rationale: This 35 year old male has complained of pain in the bilateral arms, elbows, wrists, hips, knees and feet since date of injury 8/24/2012. He has been treated with steroid injection, physical therapy and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental and is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel 1% is not indicated as medically necessary.