

Case Number:	CM14-0157005		
Date Assigned:	09/26/2014	Date of Injury:	10/19/2001
Decision Date:	11/12/2014	UR Denial Date:	09/17/2014
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 Occupational Medicine and is licensed to practice in Montana. 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 has a date of injury of 10/9/01. The mechanism of injury is not noted in the limited medical records provided. The injury was to the right knee and she is status post right total knee arthroplasty (TKA). The medical record of 7/1/14 notes that she has had increased pain in the right knee along with swelling. That record notes that Ultram ER and Voltaren gel were refilled. It is unclear how long she has been on those medications. On 9/2/14 it was recommended that she return to see the orthopedic surgeon regarding the status of her right TKA. Her current diagnosis is persistent right knee pain status post total knee arthroplasty. Utilization review on 9/17/14 did not certify Voltaren gel and the prescription for Ultram ER was modified to allow for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 300mg 1 tab q24h #30 Refill: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78, 93-94.

Decision rationale: The MTUS notes that Ultram (tramadol) is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. Ultram ER is an extended release formulation of that medication. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. The medical records do not document any response to medication treatment, with functional improvement and decreased pain, and do not support continued use of Ultram ER within the MTUS guidelines noted above. The request for Ultram ER 300mg 1 tab Q24 hours #30 is not medically necessary.

Voltaren Transdermal Gel 1 percent, Apply 2-4grm to affected area 3-4x/day #5 Refill: 1:
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 Page(s): 111-113.

Decision rationale: Voltaren gel is a topical analgesic containing Diclofenac, a nonsteroidal anti-inflammatory (NSAID) drug. The MTUS recommends topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics have been shown to have some benefit in the first 2 weeks of treatment for osteoarthritis but with diminishing effect after that. Topical analgesics containing nonsteroidal anti-inflammatory agents are recommended only as a short-term option for chronic musculoskeletal pain associated with arthritis and tendinitis but there is little evidence for use in osteoarthritis or musculoskeletal pain involving the spine, hip or shoulder. It is also not recommended for neuropathic pain. Efficacy in clinical trials has been inconsistent with most studies being small and of short duration. There are no long-term studies of their effectiveness or safety. The FDA has approved Voltaren Gel 1% (Diclofenac) with indications for relief of osteoarthritis pain in joints that lend themselves to topical treatment (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 most common adverse reactions were dermatitis and pruritus. (Voltaren package insert). Additional adverse effects for NSAIDs include GI

symptoms, cardiovascular risk, hypertension and impaired renal function. In this case the use of Voltaren gel appears to be well beyond the duration for effectiveness noted in the guidelines and the records do not indicate whether there are any side effects or evaluation for adverse effects as noted above. There is no documentation of efficacy. The request for Voltaren gel 1%, apply 2-4 g to affected area 3-4 times daily, is not medically necessary.