

Case Number:	CM14-0161707		
Date Assigned:	10/07/2014	Date of Injury:	06/07/2004
Decision Date:	11/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Illinois. 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 59 year old woman with a date of injury on 6/7/2004. She complains of consistent neck, shoulder and hand pain, and worsening lumbar spine pain. All range from 5/10-8/10 and she has radiation of pain to both her arms and legs. She states Tramadol enables her to ambulate for 30-minutes instead of 15-minutes. Per exam on Aug 2, 2014, there was decreased cervical spine range of motion and tenderness to paraspinal and trapezius muscles, shoulder depression, positive Spurling's on the right and slight strength decrement in the right upper extremity compared to the left upper extremity. Lumbar spine had decreased range of motion, positive bilateral straight leg raise and tender paraspinals. Right shoulder showed decreased range of motion and acromioclavicular joint tenderness. Her diagnoses are lumbosacral sprain/strain, chronic cervical sprain/strain, right shoulder rotator cuff tear and median neuropathy. Lumbar spine magnetic resonance imaging (MRI), rheumatologist consultation, hand surgeon consultation, psychological consultation and pain management specialist are pending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids, criteria for use Page(s): 113, 74-75.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. Tramadol is not recommended as a first-line oral analgesic. There is no documentation that this worker has been tried on a first line medication. Therefore, the request of Tramadol 50mg #120 is not medically necessary and appropriate.

Diclofenac/Lidocaine (3%/5%) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Topical analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Topical non-steroidal anti-inflammatory drugs (NSAIDs) may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical non-steroidal anti-inflammatory drugs (NSAIDs) for treatment of osteoarthritis of the spine, hip or shoulder. They are not indicated for neuropathic pain, as there is no evidence to support use. Voltaren Gel 1% (Diclofenac) is indicated 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. This worker has chronic musculoskeletal and neuropathic pain not of osteoarthritic origin. Topical non-steroidal anti-inflammatory drugs (NSAIDs) are not indicated; therefore, the request for Diclofenac/Lidocaine (3%/5%) 180g is not medically necessary and appropriate.