

Case Number:	CM14-0169871		
Date Assigned:	10/20/2014	Date of Injury:	04/23/2010
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 53 year old male with a date of injury on 4/23/2010. As per the report of 06/11/14, he complained of neck and left shoulder pain. Neck pain was worse with turning to the right, looking down and extending backwards. Pain was described as aching, burning, gripping and very uncomfortable. Rest helped to alleviate the pain. Pain kept him from falling asleep, and woke him up if he falls asleep. He used ice to alleviate it. He was able to do light housekeeping. An exam revealed restricted abduction, adduction and extension by pain, and limited range of motion (ROM) with bilateral flexion, forward flexion, and bilateral rotation. A magnetic resonance imaging (MRI) of the cervical spine without contrast dated 07/27/10 revealed C5-C6 disc space narrowing and degenerative changes at other levels. He has had left shoulder arthroscopy in 2014. Current medications include Norco, Ultram, and Voltaren gel. He was allergic to Codeine. He has failed over 3 months of conservative therapy. He has taken Nortriptyline at night not seeming to do much and it was giving him dry mouth. He did not like to take pain medications. He used Skelaxin minimally as it gave him stomach aches. He has been using Voltaren gel since at least 06/11/14. Diagnoses include shoulder pain, adhesive capsulitis of shoulder, posttraumatic stress disorder, depressive syndrome, insomnia, osteoarthritis of the shoulder, rotator cuff injury, and rotator cuff syndrome of the left shoulder. The request for Ultram 50mg 1-2 tabs oral q8hr as needed pain for 30 days #180, 2 refills and Voltaren Topical Gel 1 percent 4gm for 30days #300gm, 5 Refills was denied on 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 1-2 tabs PO q8hr PRN Pain for 30days #180, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-93.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California Medical Treatment Utilization Schedule Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state opioids may be continued: (a) If the injured worker has returned to work and (b) If the injured worker has improved functioning and pain. In this case, there is no documentation of return to work. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale [VAS]) or function with continuous use. There is no evidence of urine drug test in order to monitor compliance. The injured worker is also taking Norco; concurrent use of multiple opioids is not recommended. Therefore, the medical necessity for tramadol has not been established based on guidelines and due to lack of documentation.

Voltaren Topical Gel 1 percent 4gm TOP QID for 30days #300gm, 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: 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. In this case, the injured worker has been diagnosed with shoulder pain / osteoarthritis. Voltaren is not indicated per guidelines. Thus, the medical necessity of the request is not established in accordance to guidelines.