

Case Number:	CM14-0184246		
Date Assigned:	11/12/2014	Date of Injury:	07/10/2012
Decision Date:	12/15/2014	UR Denial Date:	10/18/2014
Priority:	Standard	Application Received:	11/05/2014

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 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 (IW) is a 44-year-old man with a date of injury of July 10, 2012. The mechanism of injury occurred as a result of a fall while working as a roofer. He had immediate sharp burning and throbbing pain in his ankles. Pursuant to the progress note dated September 16, 2014, the IW complains of pain and discomfort when sedentary, and increased over the left Achilles tendon upon ambulation with a pain rated 8/10. Relevant objective findings include tenderness to palpation over the lateral malleolus of the left ankle, electric type radiation of pain over the lateral aspect of the left foot upon percussion. There was absence of scars, deformities, atrophy, or edema upon inspection of bilateral ankles. Bilateral ankle range of motion measured 15/15 degrees on active dorsiflexion, 40/40 degrees for plantarflexion, 25/30 degrees for inversion, and 20/20 degrees for eversion. Pain and discomfort was noted with passive eversion bilaterally. The IW was diagnosed with chronic sprain/strain of bilateral ankles, and right and left ankle strain, with posterior tibial tenosynovitis. Current medications include Tramadol 50mg, and Voltaren gel 1%. Upon review of the medical record, the IW has utilized Tramadol since at least December of 2013. Treatment plan recommendations include request authorization for medication refills, request for authorization for x-rays of bilateral lower extremities, as well as MRIs of the ankles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 with one refill is not medically necessary. Ongoing management of chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker has been taking this medicine since December 2013. Opiates for more than two weeks in duration are generally not recommended. Continued use beyond the short-term may be considered if there is compelling evidence in the medical record explaining the rationale behind the continued opiate use. There is none. The documentation does not support the injured worker's objective functional improvement and consequently, Tramadol 50 mg #60 with one refill is not medically necessary. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Tramadol 50 mg #60 with one refill is not medically necessary.

Voltaren gel 1% #3 tubes with 1 refill: 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): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel 1% #3 tubes with one refill are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel 1% is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatments (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 used (gel since December 2013. He continues to complain of pain and discomfort with inactivity and ambulation. The indications are for short-term use (4 to 12 weeks) for the treatment of chronic musculoskeletal pain because there are no long-term studies of their effectiveness or safety. Additional, there is no objective functional improvements documented with the use of Voltaren gel. Consequently, Voltaren gel is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the request for Voltaren gel 1% #3 tubes with one refill is not medically necessary.

