

Case Number:	CM14-0025801		
Date Assigned:	06/13/2014	Date of Injury:	12/06/2007
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/28/2014

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 Physical Medicine and Rehabilitation 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 California Medical Treatment Utilization Schedule (MTUS) states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It also states that Opioids are not recommended as a first-line therapy for osteoarthritis or headaches. The guidelines does not recommend given this line of a drug for a headache due to the risk of medication overuse headache. It is recommended on a trial basis for a short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There was lack of evidence provided why the injured worker needs Tramadol. There was lack of documentation provided on the injured worker functional deficits or pain status. In addition, on the physical exam done on, 01/27/2014 revealed there is lack evidence of a pain assessment was done or indication of the injured worker being in pain and duration of headache pain. Furthermore, the request does not state frequency use for Tramadol 50 mg #50 for the injured worker. Given above, the request for Tramadol 50 mg # 50 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL 50 MG, # 50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain & Tramadol Page(s): 80, 113.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. It also states that Opioids are not recommended as a first-line therapy for osteoarthritis or headaches. The guidelines does not recommend given this line of a drug for a headache due to the risk of medication overuse headache. It is recommended on a trial basis for a short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. There was lack of evidence provided why the injured worker needs Tramadol. There was lack of documentation provided on the injured worker functional deficits or pain status. In addition, on the physical exam done on, 01/27/2014 revealed there is lack evidence of a pain assessment was done or indication of the injured worker being in pain and duration of headache pain. Furthermore, the request does not state frequency use for Tramadol 50 mg #50 for the injured worker. Given above, the request for Tramadol 50 mg # 50 is non-certified.

VOLTAREN GEL 1 % # 200: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Voltaren Gel.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that Voltaren Gel 1 % is indicated for the relief of osteoarthritis pain in joints that lend themselves topical treatment to include ankle, elbow, foot, hand, knee and wrist. The guidelines state Voltaren Gel 1 % has not been evaluated for the treatment of the spine, hip or shoulder. The documentation provided on 01/27/2014 had a lack of evidence stating the rationale as to why the injured worker is requesting Voltaren Gel 1 %. In addition, there was no mentioned of osteoarthritis pain in joints. Furthermore, the request for the proposed gel does not specify location for the application of the gel or frequency. Given the above the Voltaren Gel 1 % # 200 is non-certified.