

Case Number:	CM14-0034631		
Date Assigned:	06/20/2014	Date of Injury:	04/14/2001
Decision Date:	07/18/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 50 year old male who reported injury of the left ankle, leg and hip on 04/14/2001 secondary to a fall while carrying a box of metal on his right shoulder. Clinical documentation on 03/04/2014, stated the injured worker complained of ankle, foot and low back pain that is worse with walking, bending repetitively and lifting. The injured worker said the pain was relieved with rest, ice, heat, and medications, particularly the Voltaren gel, Relafen, Topamax, and Tramadol/apap. He stated that he was able to walk and stand about 50% longer, is also able to do activities of daily living better with less burning pain and was able to start his day better. On 06/17/2014 he complained of hip and knee pain and stated the topamax and tramadol/apap 37.5/325 was effective in reducing some of his pain, but he does not use them every day. Objective findings on 05/20/2014 stated no abnormal findings to his gait or musculoskeletal system, which showed improvement in a little over three months. A x-ray on 05/30/2014 showed no evidence of acute, mild medial compartment and medial patellofemoral arthrosis, MRI (magnetic resonance imaging) on 05/28/2010 showed multilevel disc degeneration with transitional lumbosacral vertebral body, annular bulge with small central protrusion at L2-3, mildly effacing the thecal sac, diffuse annular bulge and facet arthrosis at L3-4, resulting in mild bialteral neural foraminal encroachment and mild effacement of the thecal sac, annular bulge and facet arthrosis with a small central annular fissure at L4-5, mild effacement of the thecal sac and bilateral neural foraminal encroachment. The injured worker had diagnoses of pain in joint, pelvis and thigh, degeneration of the lumbar, and pain in shoulder joint. There is no documentation of past treatments other than oral medications, however the injured worker returned to work with no restrictions on 02/03/2014 per note. His medications were Nabumetone (relafen) 500mg one tab twice a day, Topamax 25mg two at bedtime, Tramadol/apap 37.5/325mg one tab every eight hours as needed, and Voltaren gel 1% to affected

area three times a day. The treatment plan is for Tramadol 37.5/325mg #90 and Voltaren gel 1%. The request for authorization form was signed and dated 03/04/2014. There is no rationale for the requests for Tramadol 37.5/325mg #90 and Voltaren gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On Going Management of Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use, opioids for oseoarthritis, neuropathic pain, and return to work Page(s): 80, 82, 93-94.

Decision rationale: The request for Tramadol 37.5/325mg #90 is not medically necessary. Clinical documentation on 03/04/2014, stated the injured worker complained of ankle, foot, and low back pain that is worse with walking, bending repetitively and lifting and it is relieved with rest ice heat and medications particularly the not medically necessary Voltaren gel, Relafen, Topamax, and Tramadol/apap. He later complained of hip and knee pain. He stated that he is able to walk and stand about 50% longer, is also able to do activities of daily living better with less burning pain and was able to start his day better. On 06/17/2014 he said the Tramadol/apap helped some but he did not use it every day. There is no documentation of past treatments other than oral medications, however the injured worker returned to work with no restrictions on 02/03/2014 per note. CA MTUS chronic pain and treatment guidelines states that expedited return-to-work has been shown to be more useful in improving function and decreasing pain than extended disability and significant pain improvement was seen in groups that were prescribed light activity over groups that receive only medical treatment, especially in cases involving back pain. Tramadol is a synthetic opioid and is indicated for moderate to severe pain. It is not recommended as a first-line therapy for osteoarthritis or neuropathic pain. It also says that it should be used as first line therapy for prompt pain relief while titrating a first-line drug, treatment of episodic exacerbations of severe pain, and treatment of neuropathic cancer pain. The injured worker complained of constant pain and stated that the tramadol/apap helped some, but he did not take it every day. There is no documentation of past treatments other than oral medications however, the injured worker returned to work with no restrictions on 02/03/2014 and there was no diagnoses that would deem the medication as clinically necessary for first-line therapy. Therefore the request for tramadol 37.5/325mg #90 is not medically necessary.

Voltaren Gel 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): 111-112.

Decision rationale: The request for Voltaren gel 1% is not medically necessary. The injured worker complained of ankle, foot, hip and low back pain that is worse with walking, bending repetitively and lifting. The injured worker said the pain was relieved with rest, ice, heat, and medications, particularly the Voltaren gel, Relafen, Topamax, and Tramadol/apap. CA MTUS chronic pain medical treatment guidelines for topical analgesics/NSAIDs state that it is indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment (foot, hand, and wrist), recommended for short-term use (4-12 weeks), there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder, and not recommended for neuropathic pain as there is little evidence to support use. It is not clear as to where the analgesic is being applied on request. Therefore the request for voltaren gel 1% is not medically necessary.