

<b>Case Number:</b>	CM14-0061490		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/09/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 applicant is an injured worker who has filed a claim for chronic neck pain, low back pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a cane; and opioid therapy. In a Utilization Review Report dated April 7, 2014, the claims administrator denied a request for oral tramadol and oral Voltaren. In a February 11, 2014 office visit, the applicant was asked to discontinue Dilaudid and methadone and switch to tramadol and anti-inflammatory medications. The attending provider suggested that the applicant cease usage of a cane. The applicant was given diagnoses of cervical strain, complex regional pain syndrome, left elbow strain, and radial head fracture of the left elbow. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 No Refills (prescribed 2-11-14): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS references: Tramadol page 113, and Opioids and Neuropathic Pain page 82 Page(s): 113 82.

**Decision rationale:** The request in question represents a first-time request for Tramadol. As noted on page 82 of the MTUS Chronic Pain Medical Treatment Guidelines, opioid analgesics and Tramadol have been suggested as a second-line treatment, alone or in combination with other drugs. Page 113 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests that tramadol is not recommended as a first-line oral analgesic. In this case, the applicant has, however, failed a variety of other analgesic medications, including Dilaudid, Methadone, and other opioid and non-opioid agents. The request in question represented a first-time request for Tramadol. Introduction of the same was indicated, given the failure of numerous other agents. Therefore, the request is medically necessary.

**Voltaran 50mg #100 No Refills (prescribed 2-11-14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Chapter, Diclofenac.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines The Expert Reviewer based his/her decision on the MTUS Anti-inflammatory Medications topic page 22 Page(s): 22.

**Decision rationale:** The request in question represents a first-time request for Voltaren, an oral anti-inflammatory medication. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, oral anti-inflammatory medications do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. Given the failure of numerous other opioid and non-opioid agents, a trial of tramadol was indicated. Therefore, the first-time request for oral Voltaren was medically necessary.