

Case Number:	CM14-0067315		
Date Assigned:	07/14/2014	Date of Injury:	07/29/2009
Decision Date:	09/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 Nevada. 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 records, presented for review, indicate that this 45-year-old gentleman was reportedly injured on July 29, 2009. The mechanism of injury was listed as falling off a ladder and hitting a bench. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity as well as bilateral elbows pain, and bilateral hands/wrists pain. The physical examination demonstrated slight tenderness of the lumbar spine and a normal lower extremity neurological examination. There was a positive Tinel's sign at the right elbow and decreased sensation over the volar aspect of the right small finger. Diagnostic imaging studies showed a fusion at L5-S1 with a Grade I spondylolisthesis. Previous treatment included surgery to the right wrist and right elbow, a lumbar interbody fusion at L5-S1, physical therapy, lumbar spine epidural steroid injections, and acupuncture. A request had been made for Voltaren and Ultram and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: Voltaren is a nonselective NSAID not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a COX-2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request for Voltaren is not medically necessary.

Ultram 50mg #120, 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113 of 127.

Decision rationale: The California MTUS Treatment Guidelines support the use of tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. Given the clinical presentation and lack of documentation of functional improvement with tramadol, the request for Ultram is not medically necessary.