

Case Number:	CM13-0061918		
Date Assigned:	06/13/2014	Date of Injury:	10/29/2009
Decision Date:	01/02/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/05/2013

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 a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of October 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; trigger point injections; massage therapy; unspecified amounts of physical therapy; and apparent return to work. In a Utilization Review Report dated November 6, 2013, the claims administrator failed to approve a request for Voltaren gel and tramadol. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated September 11, 2012, the applicant reported ongoing complaints of neck and bilateral arm pain, reportedly attributed to cumulative trauma at work. The applicant stated that he had developed some sedation with previous usage of tramadol. The applicant also suggested that he was using Lyrica as of this point in time. The applicant's complete medication list, on this date, included tramadol, Voltaren, and Lyrica. Work restrictions were endorsed by the medical-legal evaluator. It was stated that the applicant was working on a full-time basis as a fashion photographer. In a January 48, 2013 Medical-legal Evaluation, it was again stated that the applicant was working, despite ongoing complaints of neck pain. The medical-legal evaluator noted that the applicant was using Lyrica, Relafen, and tramadol, and suggested that continuation of these medications would be reasonable. On April 20, 2013, the applicant was given prescriptions for Celebrex and Robaxin. An ergonomic evaluation was also endorsed. The applicant was returned to full-duty work, despite ongoing complaints of neck pain. Trigger point injections were performed in the clinic. On February 11, 2013, the applicant was given recommendations to pursue physical therapy, Relafen, Skelaxin, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #5 tubes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Diclofenac/Voltaren section.

Decision rationale: The applicant's primary pain generator here is the cervical spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac or Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Thus, the MTUS position on usage of Voltaren gel for the applicant's neck pain is, at best, tepid-to-unfavorable. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Relafen, Lyrica, tramadol, effectively obviates the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.

Tramadol 50mg, quantity unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant has returned to work on a full-time basis as a fashion photographer. Several treating providers and medical-legal evaluators have posited that ongoing usage of tramadol has, in fact, proven effective here in terms of ameliorating the applicant's ability to perform various activities of daily living and in reducing the applicant's pain complaints. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.