

<b>Case Number:</b>	CM14-0187688		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and left shoulder pain reportedly associated with an industrial injury of August 31, 2010. In a Utilization Review Report dated October 20, 2014, the claims administrator approved a cervical epidural steroid injection while apparently denying tramadol and Voltaren. The claims administrator stated that its decision was based on a progress note of September 24, 2014 and an RFA form received on October 13, 2014. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 29, 2014, the applicant reported ongoing complaints of neck pain. It was stated that the applicant had received prescriptions for Naprosyn, Voltaren, and tramadol on September 12, 2014 in the medical-legal evaluator summary of record section. The applicant was status post earlier left shoulder surgery, it was acknowledged. A 10- to 15-pound lifting limitation was endorsed. It was acknowledged that this restriction was effectively resulting in the applicant's removal from the workplace. No other notes were incorporated into the Independent Medical Review packet. The September 24, 2014 progress note seemingly made available to the claims administrator was apparently not incorporated into the Independent Medical Review packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. In this case, however, the applicant is off of work, the applicant's medical-legal evaluator has acknowledged. The sole note on file, a medical-legal evaluation of April 29, 2014, did not recount any quantifiable decrements and/or material improvements in function achieved as a result of ongoing tramadol usage. While it is acknowledged that the September 24, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

**Voltaren gel quantity 5 tubes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has "not been evaluated" for treatment involving the spine, hip, and/or shoulder. In this case, however, the applicant's primary pain generators are, in fact, the shoulder, cervical spine, and lumbar spine, i.e., body parts for which Voltaren gel has not been evaluated. The attending provider seemingly failed to furnish any compelling applicant-specific rationale or medical evidence which would offset the tepid-to-unfavorable MTUS position on the article at issue for the body parts in question, although it is acknowledged that the September 24, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.