

Case Number:	CM14-0192647		
Date Assigned:	11/26/2014	Date of Injury:	10/20/2009
Decision Date:	01/14/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 54 year old female with an injury date on 10/20/2009. Based on the 10/17/2014 progress report provided by the treating physician, the diagnosis is Right upper extremity brachial plexitis. According to this report, the patient complains of "right arm pain." Physical exam indicates tenderness over the plexus. Neural tension sign is positive. The patient is currently working at a Drug Testing Lab with "lifetime" restriction of "no lifting over 5 pounds" and "climbing is out, crawling is out but even pulling or pushing no less than 5 pounds." There were no other significant findings noted on this report. The utilization review denied the request for Voltaren Gel 7% #5 and Tramadol 50mg #90 on 11/05/2014 based on the MTUS guidelines. The requesting physician provided 3 treatment reports from 09/30/2013 to 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Cream Page(s): 111-113.

Decision rationale: According to the 10/17/2014 report, this patient presents with "signs and symptoms of brachial plexitis." Per this report, the current request is for Voltraen Gel 7% #5. Regarding Voltaren gel, MTUS guidelines states "FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, the treating physician did not document that the patient has peripheral joint osteoarthritis as an indication for the topical medication. Also, the treater does not indicate how this topical is being used and with what efficacy. The request is not medically necessary.

Tramadol 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: According to the 10/17/2014 report, this patient presents with "signs and symptoms of brachial plexitis." Per this report, the current request is for Tramadol 50mg #90. This medication was first mentioned in this report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the report does not show documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No return to work or opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to properly the 4 A's as required by MTUS. Therefore the request is not medically necessary.