MAXIMUS Federal Services

Case Number:	CM14-0208064		
Date Assigned:	12/22/2014	Date of Injury:	05/28/2014
Decision Date:	02/12/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 47-year-old woman who sustained a work-related injury on May 28, 2014. Subsequently, the patient developed a chronic back and neck pain. According to a progress report dated on November 4, 2014, the patient was complaining of constant neck pain with a severity rated 9/10 radiating to both upper extremities, constant bilateral shoulder pain with a severity rated 9/10 with limited range of motion and constant back pain with a severity rated 9/10 radiating to both lower extremities. The patient physical examination demonstrated bilateral shoulder tenderness with reduced range of motion, lumbar tenderness with reduced range of motion and positive straight leg raising . The patient was diagnosed with lumbar sprain, cervical sprain and bilateral carpal tunnel syndrome. The patient was treated Voltaren and Ultracet with without documentation of efficacy. The provider requested authorization for Voltaren and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultracet Page(s): 67-68, and 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultracet (Tramadol) is a central acting analgesic that may be used in chronic pain. Ultracet is a synthetic opioid affecting the central nervous system. It is not classified as a controlled substance by the DEA. It is not recommended as a first-line oral analgesic. There is no documentation about the efficacy and adverse reaction profile of previous use of Ultracet. There is no documentation for recent urine drug screen to assess compliance. Therefore, the prescription of Ultracet 37.5/325 mg #60 is not medically necessary.

Voltaren XR 100 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDS Page(s): 107.

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID). Diclofenac is used to treat a migraine headache attacks, with or without aura, in adults 18 years of age and older. It is not used to prevent migraine headaches or to treat a cluster headache; however, it is used for osteoarthritis pain. There is no clear documentation that the patient has migraine headaches. Voltaren is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Voltaren was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Voltaren XR 100 mg #30 is not medically necessary.