

Case Number:	CM15-0001519		
Date Assigned:	01/12/2015	Date of Injury:	09/18/2012
Decision Date:	05/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old [REDACTED] beneficiary who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of September 18, 2012. In a Utilization Review report dated December 23, 2014, the claims administrator first approved a request for tramadol while denying diclofenac-lidocaine containing compound outright. The claims administrator referenced a RFA form received on December 16, 2014, and progress note dated December 1, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 16, 2014 RFA form, tramadol (Ultram) and diclofenac-lidocaine containing topical compounded cream were endorsed for what appeared to be a primary operating diagnosis of chronic low back pain (LBP), with an ancillary diagnosis of shoulder pain. In an associated progress note dated December 1, 2014, the applicant was placed off of work, on total temporary disability reporting ongoing complaints of low back and hand pain, exacerbated by activities of daily living as basis as walking and doing household chores. The attending provider stated that the applicant's medications were beneficial, but declined to elaborate further. Both the diclofenac-lidocaine containing compound and tramadol were endorsed, while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg, 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Ultram (tramadol), a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. 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 was off of work, on total temporary disability, as of the December 1, 2014 progress note on which tramadol was renewed. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing tramadol usage, these were, however, outweighed by the applicant's failure to return to the work, and attending provider's failure to outline any meaningful, material, and/or significant improvements in function (if any) effected as a result of ongoing tramadol (Ultram) usage. The applicant's commentary to the effect that he is having difficulty performing activities of daily living as basic as walking and doing household chores did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

1 Tube Diclofenac 3%, Lidocaine 5%, cream 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for a diclofenac-lidocaine containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the lumbar spine and shoulder, i.e., body parts for which topical diclofenac has not been evaluated. The attending provider failed to furnish a compelling applicant-specific rationale for selection of the diclofenac-containing topical compound in the face of the unfavorable MTUS position on the same for the body part in question. Therefore, the request was not medically necessary.