

<b>Case Number:</b>	CM15-0007885		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 48-year-old female who reported an injury on 07/08/2012. The mechanism of injury was not stated. The current diagnoses include cervical myofascial pain, status post blunt head trauma, status post concussive syndrome, and psychological diagnosis. The injured worker presented on 12/16/2014 with complaints of neck pain and stiffness as well as headaches and depressive symptoms. Upon examination, there was tenderness of the posterior cervical and bilateral trapezial musculature. The injured worker was bilateral lower extremities to forward flexion to within 1 fingerbreadth of chin to chest with extension to 10 degrees and lateral rotation to 70 degrees. Recommendations included continuation of the current medical record. A Request for Authorization form was then submitted on 01/06/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med Voltaren 75mg #60 Refills 2:** 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 Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option. In this case, there was no indication that the injured worker was suffering from an acute exacerbation of chronic pain. There was no mention of objective functional improvement despite the ongoing use of Voltaren 75 mg. The guidelines do not recommend long term use of NSAIDs. Therefore, the ongoing use of this medication would not be supported. The request for Voltaren 75 mg #60 with 2 refills would also not be supported. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.

**Med Ultram 50mg #60 Refills: 2:** 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 Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized Ultram 50 mg since at least 07/2014. There was no documentation of objective functional improvement. There was no mention of a failure of nonopioid analgesics. Given the above, the ongoing use of Ultram 50 mg would not be supported. There was also no frequency listed in the request. As such, the request is not medically appropriate.