

Case Number:	CM15-0109166		
Date Assigned:	06/15/2015	Date of Injury:	12/20/2010
Decision Date:	07/17/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 injured worker is a 60 year old female who sustained an industrial injury on 12/20/2010. She reported a slip and fall, landing on her back and left side, and was diagnosed with a left wrist fracture. The injured worker was diagnosed as having left wrist fracture post open reduction and internal fixation, left shoulder adhesive capsulitis, left shoulder strain, and multi-level lumbar disc disease. Treatment and evaluation to date has included diagnostics, left wrist surgeries, physical therapy, acupuncture, and medications. Currently, at a visit in May 2015, the injured worker complains of left wrist pain, associated with numbness and weakness with decreased range of motion, and low back pain. She was documented as having completed 12 acupuncture sessions and greater than 20 physical therapy sessions for the left wrist, and 14 physical therapy sessions for the low back. Physical exam noted left dorsal wrist swelling (1-2+) and tenderness to palpation. Eight sessions of physical therapy and acupuncture were requested for the left shoulder and elbow, to improve range of motion and flexibility (per Qualified Medical Examination). Medication refills were requested for Tramadol, Voltaren gel, and Flector patches. Tramadol was prescribed since July of 2014. Records note use of oral non-steroidal anti-inflammatory agents in 2014 and Voltaren gel and flector patch since at least January 2015. Her work status was total temporary disability. On 6/5/15, Utilization Review non-certified requests for the items currently under Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER) Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back and wrist pain. Tramadol has been prescribed for at least ten months. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic, which is not recommended as a first line oral analgesic. Multiple side effects have been reported including increased risk of seizure especially in patients taking selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants (TCAs) and other opioids. It may also produce life-threatening serotonin syndrome. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Work status remains temporarily totally disabled, there was no discussion of improvement in activities of daily living, and office visits have continued at the same approximately monthly frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, Tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Voltaren 1% gel 100gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: voltaren gel.

Decision rationale: This injured worker has chronic back and wrist pain. Voltaren gel has been prescribed for at least four months. The site of application and directions for use were not specified. Topical non-steroidal anti-inflammatory agents (NSAIDS) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidals are not recommended for neuropathic pain. They are recommended for short-term use (4-12 weeks). The only FDA-approved topical NSAIDS are Diclofenac formulations (Flector patch, Diclofenac gel, Pennsaid solution). The MTUS lists Voltaren gel 1% as FDA- approved. All other topical NSAIDS are not FDA approved. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile of Diclofenac, including topical formulations. The documentation indicates prior use of oral NSAIDS but does not discuss failure of oral NSAIDS or contraindication to use of oral NSAIDS. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac, with cases of severe hepatic reactions reported in post marketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with Diclofenac. There was no documentation of monitoring of liver function for this injured worker. The treating physician has prescribed both Voltaren gel and flector patch, which both contain Diclofenac, which is duplicative and potentially toxic. Due to length of use in excess of the guideline recommendations, insufficiently specific prescription, lack of documentation of failure or contraindication with oral NSAIDS, and potential for toxicity, the request for Voltaren gel is not medically necessary.

Flector 1.3%patches #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: flector patch.

Decision rationale: This injured worker has chronic back and wrist pain. Flector patch has been prescribed for at least four months. The site of application was not specified. Topical non-steroidal anti-inflammatory agents (NSAIDS) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip, or shoulder. Topical non-steroidals are not recommended for neuropathic pain. They are recommended for short term use (4-12 weeks). The only FDA-approved topical NSAIDS are Diclofenac formulations (Flector patch, Diclofenac gel, Pennsaid solution). The MTUS lists Voltaren gel 1% as FDA- approved. All other topical NSAIDS are not FDA approved. Topical Diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDS, after considering the increased risk profile of Diclofenac, including topical formulations. The documentation indicates prior use of oral NSAIDS but does not discuss failure of oral NSAIDS or contraindication to use of oral NSAIDS. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac, with cases of severe hepatic reactions reported in

post marketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with Diclofenac. There was no documentation of monitoring of liver function for this injured worker. The treating physician has prescribed both Voltaren gel and flector patch, which both contain Diclofenac, which is duplicative and potentially toxic. Due to length of use in excess of the guideline recommendations, insufficiently specific prescription, lack of documentation of failure or contraindication with oral NSAIDS, and potential for toxicity, the request for flector patch is not medically necessary.

Acupuncture left shoulder & elbow x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. This injured worker has already completed 12 sessions of acupuncture. There was no documentation of functional improvement as a result of prior treatment with acupuncture. Work status has remained temporarily totally disabled, there was no documentation of improvement in activities of daily living or reduction in medication use, and office visits have continued at the same monthly frequency. Due to lack of demonstration of functional improvement as a result of prior acupuncture, the request for Acupuncture left shoulder & elbow x 8 sessions is not medically necessary.

Physical therapy left shoulder & elbow x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical medicine is recommended by the MTUS with a focus on active treatment modalities to restore flexibility, strength, endurance, function, and range of motion, and to alleviate discomfort. The ODG states that patients should be formally assessed after a six visit clinical trial to evaluate whether physical therapy has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. Both the MTUS and ODG note that the maximum number of sessions for unspecified myalgia and myositis is 9- 10 visits over 8 weeks, and 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. The documentation indicates that the injured worker had prior physical therapy for the left wrist and low back. The current request is for physical therapy to the left shoulder

and elbow. There is no recent examination of the left shoulder and elbow, and no discussion of current left shoulder and elbow symptoms. The physician has indicated that the request for physical therapy to the left shoulder and elbow are related to a Qualified Medical Examination (QME). The QME report from December 18, 2014 states that the injured worker has a fairly normal objective orthopedic examination to her elbow. As there was no discussion of prior physical therapy to the shoulder and elbow, this request is consistent with an initial request. The number of sessions requested (8) is in excess of the guideline recommendations for an initial trial of 6 visits. Due to number of sessions requested in excess of the guidelines, and lack of documentation of current elbow and shoulder symptoms and findings, the request for physical therapy left shoulder & elbow x 8 sessions is not medically necessary.