

Case Number:	CM15-0132401		
Date Assigned:	07/20/2015	Date of Injury:	07/30/2011
Decision Date:	08/14/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 43-year-old male who sustained an industrial injury on 07/30/2011. Diagnoses include left shoulder pain with history of impingement tendinopathy, per previous MRI (2/5/15), with a tear involving the infraspinatus and supraspinatus tendon and acromioclavicular joint arthrosis; and cubital tunnel syndrome, left elbow, with positive nerve conduction studies showing ulnar neuropathy. Treatment to date has included medications, steroid injection in the left shoulder, physical therapy and home exercise. He indicated the cortisone injections were not very helpful in the past. According to the progress notes dated 6/23/15, the IW reported worsening left elbow and shoulder pain; he requested a new elbow brace. He also reported 50% reduction in pain and 50% functional improvement in activities of daily living with medications versus not taking them. He rated his pain 8/10, 4/10 at best with medications, and 10/10 without them. He continued to work. He requested a refill of Phenergan to offset the nausea caused by the Tramadol. On examination, the left shoulder range of motion was limited to 60 degrees of abduction, 80 degrees of full forward flexion, 30 degrees of extension and 30 degrees of internal and external rotation. Impingement sign was positive and crepitus was noted on passive circumduction. The left elbow was tender at the lateral epicondyle with positive Cozen's maneuver and positive Tinel's sign at the ulnar groove; there was no translation passively of the elbow. Urine drug screens had been consistent. A request was made for Tramadol 50mg, #60 to be taken as needed for pain flare-up not relieved by over-the-counter Tylenol and Voltaren gel 1%, 100gms for anti-inflammatory purposes (he was instructed not to use Voltaren with Mobic).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50m #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Tramadol 50m #60, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use. In light of the above, the currently requested Tramadol 50m #60 is medically necessary.

Voltaren gel 100g 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 117-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, there is no documentation that the patient would be unable to tolerate oral NSAIDs, which would be preferred, or that the Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.