

Case Number:	CM15-0140242		
Date Assigned:	07/30/2015	Date of Injury:	09/16/2013
Decision Date:	09/25/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 35 year old male, who sustained an industrial injury on 9-16-2013. The mechanism of injury is injury from falling 10 feet off a ladder, landing on his feet. The current diagnoses are persistent bilateral knee pain, status post left ankle surgery (2015), and persistent low back pain with radiation of pain into the right lower extremity. According to the progress report dated 6-30-2015, the injured worker complains of back, left foot, and bilateral knee pain. The level of pain is not rated. The physical examination reveals weakness in the left knee, ankle dorsiflexors and extensors. He has two centimeter atrophy of the left calf compared to the right. The current medications are Tramadol and Voltaren gel. Per notes, he has been managing his pain with Tramadol. This does help bring his pain levels down, but he still has some localized pain. There is documentation of ongoing treatment with Tramadol since at least 1-15-2015. Treatment to date has included medication management, x-rays, CAM walker boot, crutches, physical therapy, MRI studies, acupuncture, aqua therapy, electrodiagnostic testing, computerized muscle test, and surgical intervention. He is currently not working. He is limited to sedentary work only. A request for Tramadol and Voltaren gel has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Criteria for use of opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 6/30/15 progress report provided by the treating physician, this patient presents with back pain, left foot pain, and bilateral knee pain with difficulty walking. The treater has asked for Tramadol 50mg #100 on 6/30/15. The patient's diagnoses per Request for Authorization form dated 7/7/15 are persistent bilateral knee pain and persistent low back pain with radiating of pain into right lower extremities. The patient is s/p left ankle surgery from March 2015, and two previous surgeries for heel fracture and hardware removal per 5/29/15 report. The patient has 2cm of atrophy of the left calf compared to the right per 6/30/15 report. The patient's current medications are Tramadol and Voltaren as of 6/30/15 report. The patient's work status is not working, and limited to sedentary work only per 5/29/15 report. MTUS Guidelines Criteria for Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. According to progress report 3/24/15, the patient presents with chronic bilateral wrist pain and difficulty sleeping. In this case, the treater has requested Tramadol. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is a UDS dated 3/24/15 which does not show any of the prescribed medication including Ultram, and no cures or opioid contract are provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.

Voltaren gel 4g #5 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Based on the 6/30/15 progress report provided by the treating physician, this patient presents with back pain, left foot pain, and bilateral knee pain with difficulty walking. The treater has asked for Voltaren gel 4g #5 tubes on 6/30/15. The patient's diagnoses per Request for Authorization form dated 7/7/15 are persistent bilateral knee pain and persistent low back pain with radiating of pain into right lower extremities. The patient is s/p left ankle surgery from March 2015, and two previous surgeries for heel fracture and hardware removal per 5/29/15 report. The patient has 2cm of atrophy of the left calf compared to the right per 6/30/15 report. The patient's current medications are Tramadol and Voltaren as of 6/30/15 report. The patient's work status is not working, and limited to sedentary work only per 5/29/15 report. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, (adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. [Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (Fentanyl transdermal system).] MTUS, Topical Analgesics section under NSAID, pg. 111, 112: Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA- approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The treater does not discuss this request in the reports provided. The patient has had normal MRIs of his mid and lower back, and is managing his pain with Tramadol with some residual localized pain per 6/30/15 report. In this case, the patient is currently using Voltaren gel but it is not clear when the medication was initiated. MTUS guidelines also do not support the use of topical NSAIDs such as Voltaren for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. Hence, the request is not medically necessary.