

Case Number:	CM15-0143373		
Date Assigned:	08/04/2015	Date of Injury:	09/11/2011
Decision Date:	09/08/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female patient who sustained an industrial injury on 9-11-11. The diagnoses include right wrist triangular fibrocartilage complex tear; post-op right wrist triangular fibrocartilage complex reconstruction 1-13-13, right carpal tunnel syndrome, left wrist pain-cyst, left elbow pain, and status post scope and debridement of the right wrist 11-6-14. Per the progress note dated 6-30-15, she had complaints of persistent right wrist pain rated at 8 out of 10. She was noted to be depressed, unable to sleep, irritable, no motivation and with crying episodes. She reported surgery helped to relieve the burning pain on the lateral aspect of the right wrist. She wears the right wrist splint. She reported right shoulder pain and stiffness improves with Voltaren. The physical examination revealed diffuse swelling of the right wrist and Phalen's sign positive, full range of motion of the left wrist except for the ulnar deviation which was limited; the right wrist- limited ulnar and radial deviation. The medications list includes tramadol, norco, nabumetone and voltaren gel. She has had right wrist MRI dated 2/20/2014 and left wrist MRI dated 3/24/2014. She has undergone right wrist triangular fibrocartilage complex reconstruction on 1-13-13 and right wrist scope and debridement on 11-6-14. She is status post cortisone injection to the right wrist 8-8-14 and has completed 8 sessions of physical therapy. Work status is to remain off work and she is noted as permanent and stationary. The requested treatment is Tramadol 50mg #90 and Voltaren Gel 1% 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Worker's Compensation, Online Edition, 2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Tramadol 50mg #90. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had right wrist and right shoulder pain. She has had significant findings on physical examination-diffuse swelling of the right wrist and Phalen's sign positive, full range of motion of the left wrist except for the ulnar deviation which was limited; the right wrist-limited ulnar and radial deviation. She has history of right wrist surgeries. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #90 is medically appropriate and necessary to use as prn during acute exacerbations.

Voltaren gel 1 % 200mg (no qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Voltaren® Gel (diclofenac).

Decision rationale: Voltaren gel 1 % 200mg (no qty). The cited Guidelines regarding topical analgesics state, "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." Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above Voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren

Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The Voltaren gel 1 % 200mg (no qty) is not medically necessary for this patient at this time.