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| <b>Case Number:</b>   | CM15-0147880 |                              |            |
| <b>Date Assigned:</b> | 08/10/2015   | <b>Date of Injury:</b>       | 09/13/1996 |
| <b>Decision Date:</b> | 09/09/2015   | <b>UR Denial Date:</b>       | 07/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2015 |

### 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, Indiana, New York  
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 76-year-old female who sustained an industrial injury on September 13, 1996 resulting in upper back, neck, and bilateral knee pain. She was diagnosed with osteoarthritis of the knees; lumbar spinal stenosis and degenerative disc disease; and, cervical herniated pulposus or disc disease. Documented treatment has included bilateral knee arthroplasty with continuation of right knee pain, physical therapy, chiropractic treatment, acupuncture, and medication. Effectiveness of treatments is not available in the provided documentation. The injured worker continues to report right knee pain, swelling, and cracking, and radiating back pain. The treating physician's plan of care includes Voltaren gel, Tramadol 50 mg, and 8 physical therapy sessions. She is permanently disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% TID #100gr:** Upheld

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

**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 section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% TID #100g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are lower back pain; myospasm lumbar spine; and illegible 3rd diagnosis. The date of injury is September 13, 1996 (19 years prior). The request for authorization is July 20, 2015. According to an August 9, 2012 progress note, the injured worker was prescribed tramadol 50 mg bid and Flexeril. There was a request for physical therapy. There are no physical therapy progress notes in the medical record. The most recent progress note of the medical records dated June 4, 2015. Subjectively, the worker had increased low back pain and spasms along with neck and shoulder pain. Objectively, a range of motion entry was illegible. They were gait difficulties. According to the treatment plan, the injured worker was on a home exercise program. There was a request for additional physical therapy. There was no documentation of prior physical therapy or documentation demonstrating objective functional improvement. The clinical indication for Voltaren gel appears to be for the lumbar spine. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Voltaren (diclofenac) is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment. The request for authorization indicates the topical analgesic is for the lumbar spine. There is no documentation of osteoarthritis related pain. Diclofenac gel has not been evaluated for the treatment of the spine, hip or shoulder. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no evidence of failed first-line treatment with antidepressants and anticonvulsants and guideline non-recommendations of the lumbar spine, Voltaren (Diclofenac) gel 1% TID #100g is not medically necessary.

**Tramadol 50mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg bid #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany

ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lower back pain; myospasm lumbar spine; and illegible 3rd diagnosis. The date of injury is September 13, 1996 (19 years prior). The request for authorization is July 20, 2015. According to an August 9, 2012 progress note, the injured worker was prescribed tramadol 50 mg bid and Flexeril. There was a request for physical therapy. There are no physical therapy progress notes in the medical record. The most recent progress note of the medical records dated June 4, 2015. Subjectively, the worker had increased low back pain and spasms along with neck and shoulder pain. Objectively, a range of motion entry was illegible. They were gait difficulties. According to the treatment plan, the injured worker was on a home exercise program. There was a request for additional physical therapy. There was no documentation of prior physical therapy or documentation demonstrating objective functional improvement. There is no documentation demonstrating objective functional improvement to support ongoing tramadol (that was started August 2012). There were no risk assessments in the medical record. There are no details pain assessments in the medical record. There has been no attempt at weaning of tramadol in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing tramadol, risk assessment and detailed pain assessments, Tramadol 50 mg bid #60 is not medically necessary.

**Physical Therapy 8 sessions 2x4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy eight sessions (two times per week times four weeks) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lower back pain; myospasm lumbar spine; and illegible 3rd diagnosis. The date of injury is September 13, 1996 (19 years prior). The request for authorization is July 20, 2015. According to an August 9, 2012 progress note, the injured worker was prescribed tramadol 50 mg bid and Flexeril. There was a request for physical therapy. There are no physical therapy progress notes in the medical record. The most recent progress note of the medical records dated June 4, 2015. Subjectively, the worker had increased low back pain and spasms along with neck and shoulder pain. Objectively, a range of motion entry was illegible. They were

gait difficulties. According to the treatment plan, the injured worker was on a home exercise program. There was a request for additional physical therapy. There was no documentation of prior physical therapy or documentation demonstrating objective functional improvement. The total number of physical therapy sessions to date is not documented in the medical record. Additionally, the documentation indicates the injured worker is engaged in a home exercise program. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, the total number of physical therapy sessions to date, documentation demonstrating objective functional improvement with prior physical therapy and compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted, physical therapy eight sessions (two times per week times four weeks) is not medically necessary.