MAXIMUS Federal Services

Case Number:	CM15-0182485		
Date Assigned:	09/23/2015	Date of Injury:	02/20/2015
Decision Date:	11/09/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/16/2015

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, North Carolina
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:

The injured worker is a 32 year old male, who sustained an industrial injury on 2-20-2015. He reported injury to the right hand from lifting activity. Diagnoses include hand sprain, lateral epicondylitis, and carpal tunnel syndrome. Treatments to date include activity modification, medication therapy, physical therapy, and a cortisone injection. Currently, he complained of ongoing pain in the right elbow. The evaluation dated 7-15-15, documented pain to the right elbow with palpation of the lateral epicondyle, pain with wrist extension and supination, and guarding in the right upper extremity without weakness or abnormal sensation. On 8-26-15, the physical examination documented no abnormal findings. A previous cortisone injection was documented to provide one week of pain relief. The appeal requested authorization for Voltaren Gel 1%, apply to affected area daily; and Tramadol 50mg, take one tablet as needed #30. The Utilization Review denied the request indicating that the available medical records did not support that the California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% (apply daily): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety and efficacy. In this case, the request is Voltaren gel, which is approved for osteoarthritis in patients with small joint disease. The patient is 32 years old and has not been diagnosed with osteoarthritis. The patient has right upper extremity pain. NSAIDs may be recommended for chronic pain when there is evidence that first-line agents (antidepressants, anticonvulsants) have been tried and failed. There is no evidence that first-line agents have been tried and failed in this case. In addition, there is no rationale for a topical agent when the patient is able to take oral medications. Therefore, the request is not medically necessary or appropriate.

Tramadol 50mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines support the use of opioids in patients with chronic pain who return to work and demonstrate significant pain relief and improved function as a result of the opioid. Tramadol is a centrally acting synthetic opioid utilized for moderate to severe neuropathic pain. In this case, there is no documentation of significant changes in the VAS pain score, improvement in the quality of life, or objective examples of functional improvement with the continued use of Tramadol. There is also no documentation of a urine drug screen to confirm compliance and the "4 A’s" have not been properly addressed in the submitted medical records. Therefore, the request is not medically necessary or appropriate.