

<b>Case Number:</b>	CM15-0185494		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: New Jersey

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 55 year old male, who sustained an industrial injury on 12-5-14. The injured worker is being treated for right shoulder sprain-strain with impingement, cervical sprain-strain and sleep disturbance secondary to pain. (MRI) magnetic resonance imaging of right shoulder performed on 5-14-15 revealed rotator cuff tendinosis without a tear; small amount of subacromial and sub deltoid bursal fluid suggestive of mild bursitis and mild acromioclavicular osteoarthritis. Treatment to date has included 22 physical therapy sessions, steroid injections, oral anti-inflammatories (which he states provided no long-term benefit) (since at least 2-2015), Tramadol 150mg (since at least 2-2015) and Fexmid 7.5mg (since at least 2-2015), home exercise program (which he states provided no long-term benefit) and activity modifications. Currently, the injured worker complains of progressively worsening symptoms of right shoulder. He is currently working modified duty. Physical exam performed on 6-3-15 revealed restricted range of motion of right shoulder due to stiffness and pain, positive impingement signs and slightly decreased strength. On 8-6-15, a request for authorization was submitted for Voltaren XR 100mg #30, Tramadol ER 150mg #30 and Fexmid 7.5mg #60. On 9-1-15 request for authorization for Voltaren XR 100mg #30 and Tramadol ER 150mg #30 were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Voltaren XR (diclofenac sodium) 100mg, #30 (DOS: 8/6/15): 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was only a vague report of the medications taken collectively leading to some slight relief from the worker's chronic pain; however, there was no specification as to how much functional gain and pain reduction was directly and independently related to the Voltaren XR use. Also, long-term use of NSAIDs is relatively contraindicated for the conditions listed. Also, there was no evidence of this worker having an acute flare-up. Therefore, the Voltaren is not medically necessary at this time.

**Retrospective Tramadol ER 150mg, #30 (DOS: 8/6/15): 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, criteria for use, Opioids, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was only a vague report of the medications taken collectively leading to some slight relief from the worker's chronic pain; however, there was no specification as to how much functional gain and pain reduction was directly and independently related to the Tramadol ER use. Therefore, the Tramadol ER is not medically necessary at this time.