

<b>Case Number:</b>	CM15-0197159		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/19/2004
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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:

The injured worker is a 66 year old male who sustained an industrial injury on 07-19-2004. A review of the medical records indicated that the injured worker is undergoing treatment for chronic lower back, right lumbosacral radiculopathy and right knee pain. The injured worker is status post partial medial and lateral meniscectomy in 2004 and left nephrectomy in 04-2014 (non-industrial). According to the treating physician's progress report on 09-15-2015, the injured worker continues to experience chronic low back and right knee pain with stiffness after not receiving medications for 3 months. The injured worker reported working 10 hours a week. The injured worker is unable to take non-steroidal anti-inflammatory drugs (NSAIDs) due to renal cancer and nephrectomy on 4/2014. The medical records noted the injured worker has been on Tramadol since at least 2013. No urine drug screenings were reported. Examination demonstrated no motor deficits in the lower extremities. According to the treating physician's progress report on 07-28-2015, the injured worker rated his knee pain at 8 out of 10 on the pain scale and had not received medications for 3 months at that time. Lumbar spine magnetic resonance imaging (MRI) performed on in 01/8/2014 that revealed disc protrusions and mass effect on the nerve root. Prior treatments have included diagnostic testing, knee surgery with physical therapy post-operatively, bilateral L3, L4 and L5 medial branch radiofrequency ablation in 2011 and 06-2012, bilateral L4 and L5 transforaminal epidural steroid injection in 05-2012, bilateral L5 and S1 transforaminal epidural steroid injection in 02-12-2014 and medications. Physical examination on 5/27/14 revealed limited range of motion of lumbar spine, crepitus in right knee and decreased reflexes and sensation in lower extremity. Treatment plan consists of continuing home exercise program and the current request for Tramadol 37.5-325 mg Qty: 90 and Voltaren 1% gel, 200gm with 3 refills. The patient has a history of cirrhosis of liver.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 37.5/325 mg Qty 90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Opioids, specific drug list.

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

**Decision rationale:** 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 norepinephrine. 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 can be used for chronic pain and for treatment of episodic exacerbations of severe pain. The patient has had history of chronic lower back pain, right lumbosacral radiculopathy and right knee pain. The injured worker is status post partial medial and lateral meniscectomy in 2004 and left nephrectomy in 04-2014 (non-industrial). According to the treating physician's progress report on 09-15-2015, the injured worker continues to experience chronic low back and right knee pain with stiffness. Lumbar spine magnetic resonance imaging (MRI) performed on in 01/8/2014 that revealed disc protrusions and mass effect on the nerve root. Therefore there are significant abnormal objective findings. Injured worker is unable to take (oral) non-steroidal anti-inflammatory drugs (NSAIDs) due to renal cancer and nephrectomy on 4/2014. According to the treating physician's progress report on 07-28-2015, the injured worker rated his knee pain at 8 out of 10 on the pain scale. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Tramadol 37.5/325 mg Qty 90 is deemed as medically appropriate and necessary.

### **Voltaren 1% gel, 200 g with 3 refills: Overturned**

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

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

**Decision rationale:** Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient Diclofenac diethylamine. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." As per the cited guideline: "FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." The patient has had history of chronic lower back, right lumbosacral radiculopathy and right knee pain. The injured worker is status post partial medial and lateral meniscectomy in 2004 and left nephrectomy in 04-2014 (non-industrial). According to the treating physician's progress report on 09-15-2015, the injured worker continues to experience chronic low back and right knee pain with stiffness. Lumbar spine magnetic resonance imaging (MRI) performed on in 01/8/2014 that revealed disc protrusions and mass effect on the nerve root. Therefore there are significant abnormal objective findings. The injured worker is unable to take non-steroidal anti-inflammatory drugs (NSAIDs) due to renal cancer and nephrectomy on 4/2014. According to the treating physician's progress report on 07-28-2015, the injured worker rated his knee pain at 8 out of 10 on the pain scale. There is evidence of contraindication to oral medications (NSAIDs) due to renal cancer and nephrectomy on 4/2014. The request for Voltaren 1% gel, 200 g with 3 refills is medically necessary and appropriate for this patient at this time.