

<b>Case Number:</b>	CM15-0206169		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/07/2007
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Arizona, 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 56 year old female with a date of injury on 10-7-07. A review of the medical records indicates that the injured worker is undergoing treatment for chronic right elbow, right shoulder, and bilateral hand pain. Progress report dated 8-27-15 reports continued complaints of chronic right shoulder, bilateral elbow and bilateral hand pain associated with aching and numbness. She completed a trial of acupuncture with 20 percent improvement and continues to have pain in her wrists and thumbs associated with numbness and tingling. She reports concern related to hand function and has more pain in her right elbow and shoulders. The pain is rated 5 out of 10, 4 out of 10 with medications and 9 out of 10 without medication. She reports benefit from topical voltaren, Tramadol and cymbalta. Physical exam: right elbow no limitation with range of motion noted, tender to palpation noted over the lateral epicondyle and wrist extensors. Right wrist has tenderness to palpation over the ulnar side. Light touch sensation is decreased over the thumb, index finger and medial hand on the left side. Treatments include: medication, acupuncture, physical therapy, right shoulder arthroscopy and bursa joint tendon injection of bilateral carpal tunnel. According to the medical records as of 6-23-15, medications include: Tramadol, voltaren 1 percent gel, cymbalta and naprosyn. Request for authorization was made for Ultram 50 mg, quantity 90 with 2 refills and Voltaren gel 1 percent, quantity 1 (09-21-2015). Utilization review dated 10-7-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

**Decision rationale:** According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Tramadol for several months. Long-term use is not recommended, Failure of Tylenol, NSAIDS or weaning is not noted. Continued use of Ultram (Tramadol) with 2 refills is not medically necessary.

**Voltaren gel 1%, #1 (09/21/2015):** Upheld

**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:** According to the MTUS guidelines, topical analgesics are 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. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and additional 3 months refill is not indicated. Topical NSAIDS can reach systemic levels similar to oral NSAIDS increasing the risk of GI and renal disease. There are diminishing effects after 2 weeks. The claimant was on Voltaren for several months along with Ultram. The continued use of Voltaren gel is not medically necessary.