

Case Number:	CM15-0215993		
Date Assigned:	11/05/2015	Date of Injury:	12/06/2014
Decision Date:	12/21/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/03/2015

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: Indiana, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old female, with a reported date of injury of 12-06-2014. The diagnoses include right shoulder sprain and strain, lumbar spine pain, lumbar spine sprain and strain, lumbar radiculopathy, and right knee strain. The progress report dated 09-21-2015 indicates that the injured worker complained of bilateral knee pain, right greater than left, rated 6 out of 10; lumbar spine pain, with radiation to the bilateral lower extremities, right greater than left, rated 6 out of 10; and right shoulder pain, rated 5 out of 10. The physical examination showed moderate distress, and an antalgic gait. The injured worker has been instructed to return to modified duties. The progress report dated 08-24-2015 indicates that the injured worker complained of bilateral knee pain, rated 6 out of 10; lumbar spine pain, with right lower extremity radicular pain and weakness, rated 7 out of 10; and right shoulder pain, rated 5 out of 10. The physical examination showed mild distress, an erect posture, guarding of the right upper extremity, movement with stiffness, tenderness to palpation of the bilateral lumbar spine, spasm of the right lumbar spine, positive swelling of the right knee medial joint line, tenderness of the right knee medial joint line, negative bilateral straight leg raise, positive right patellar grind, negative right McMurray's test, and decreased lumbar range of motion. The injured worker has been instructed to return to modified work. The diagnostic studies to date have included an MRI of the lumbar spine on 04-12-2015 which showed minimal degenerative anterolisthesis at L4-5 and L5-S1, disc desiccation with mild to moderate endplate osteophytes at &8-9, T9-10, T10-11, and T11-12, posterior disc bulges, central canal stenosis, facet arthropathy and ligamentum flavum hypertrophy, and broad-based posterior disc protrusion. Treatments and evaluation to

date have included chiropractic treatment, Tramadol (since at least 03-2015), Norco, Ibuprofen, Voltaren (since at least 09-2015), and Prilosec. The request for authorization was dated 10-05-2015. The treating physician requested Voltaren #60, Ultram ER (extended release) #30, and a neurologist consultation. On 10-09-2015, Utilization Review (UR) non-certified the request for Voltaren #60, Ultram ER (extended release) #30, and a neurologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren once a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on the NSAID, but the MTUS guidelines recommend against long-term use. As such the request is not medically necessary.

Ultram extended release once a day quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request is not medically necessary.

Neurologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Office Visits.

Decision rationale: MTUS is silent regarding visits to a neurology specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." There is no discussion on what diagnostic question a neurologist would answer or how the care of the employee would be changed with a neurology consult. Thus, the request is not medically necessary.