

<b>Case Number:</b>	CM15-0218685		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	02/05/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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

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 64 year old female, who sustained an industrial injury on 2-5-10. The injured worker was being treated for plantar fascial fibromatosis, neuropathic pain, rupture of tendon of foot and ankle, degeneration of lumbosacral intervertebral disc and posttraumatic stress disorder. On 7-7-15 and 10-7-15, the injured worker complains of low back and bilateral lower extremity pain. Documentation does not include level of pain prior to or following administration of medication, duration of pain relief or improvement in function. Physical exam performed on 7-7-15 and 10-7-15 revealed slow and a wide based gait, ambulation with a cane, forward flexed body posture and absent pinprick sensation on side dermatomal distribution of bilateral lower extremities. Treatment to date has included oral medications including Tramadol 50mg (at least since 12-16-15) and Gabapentin 300mg; topical Voltaren 1% gel (at least since 12-16-15); (she was authorized for physical therapy however has not scheduled any sessions), chiropractic treatment, prior physical therapy, cane for ambulation, home exercise program and activity modification. The treatment plan included refilling of Gabapentin 300mg #90 with 2 refills, Tramadol 50mg #90 with 2 refills and Voltaren 1% gel #3 100gm tubes with 2 refills. On 10-20-15 request for Tramadol 50mg #90 with 2 refills was modified to #90 with 0 refills and Voltaren 1% gel #3 100gm tubes with 2 refills was 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:

**Voltaren 1% gel #30 with 2 refills Qty: 90.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Topical Analgesics.

**Decision rationale:** MTUS Guidelines is cautious to recommend the long term use of topical NSAID medications. ODG Guidelines have additional up-to-date information and there is support for topical use if there is contraindications to oral use. This individual has contraindications for the use of oral NSAIDs. The Guidelines do not have the same specific criteria recommended to justify NSAID use and it is documented that the topical Voltaren has been helpful with pain management. Under these circumstances, the Voltaren 1% gel #30 with 2 refills Qty: 90.00 is consistent with Guidelines and is medically necessary.

**Tramadol 50mg #90 with 2 refills Qty: 270.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

**Decision rationale:** MTUS Guidelines have very specific criteria to justify the long term use of opioid medications for non-cancer pain. These standards include detailed quantification of the amount and length or pain relief from a particular opioid. They also include objective measures of functional improvements as a result for use. The prescribing physician does not meet these standards adequately and other evaluators (QME) make no mention of adequate benefits from opioid use. Up to date and adequate documentation could affect this recommendation in the future, but at this point in time, the Tramadol 50mg #90 with 2 refills Qty: 270.00 is not supported by Guidelines and is not medically necessary.