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| <b>Case Number:</b>   | CM15-0224692 |                              |            |
| <b>Date Assigned:</b> | 11/23/2015   | <b>Date of Injury:</b>       | 10/20/1992 |
| <b>Decision Date:</b> | 12/31/2015   | <b>UR Denial Date:</b>       | 10/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/16/2015 |

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 61 year old male, who sustained an industrial injury on 10-20-1992. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, diabetes, lumbar spondylosis, and lumbar degenerative disc disease. Medical records (09-04-2015 to 09-15-2015) indicate ongoing and frequent flare-ups of low back pain. Pain levels were 0 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam of the lumbar spine, dated 09-15-2015, revealed some restricted range of motion, mild sacroiliac joint pain upon palpation, and decreased reflexes in the lower extremities. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (tramadol and Voltaren for an unknown amount of time). The request for authorization (10-09-2015) shows that the following medications were requested: tramadol 50mg #120 with 5 refills, and Voltaren 75mg #60 with 5 refills. The original utilization review (10-23-2015) non-certified the request for tramadol 50mg #120 with 5 refills, and Voltaren 75mg #60 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg quantity 120 with five refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 61 year old male has complained of low back pain since date of injury 10/20/1992. He has been treated with physical therapy and medications to include opioids for at least 4 weeks duration. The current request is for Tramadol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opiod therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not medically necessary.

**Voltaren 75mg quantity 60 with five refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 61 year old male has complained of low back pain since date of injury 10/20/1992. He has been treated with physical therapy and medications to include NSAIDS for at least 4 weeks duration. The current request is for Voltaren. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Voltaren is not medically necessary in this patient.